| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF CALIFORNIA | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this ar amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | t 1: Identify Yourself | | |
|----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | TINA | |
| | your government-issued picture identification (for example, your driver's | First name | First name |
| | | Т | |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your | SAYAVONG | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. |) | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7243 | |

Debtor 1 TIP

| NA T SAYAVONG | Case number (if known) | |
|---------------|------------------------|--|
| | | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | \square I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 1513 LYNNE RENEE CT APT #3 Modesto, CA 95358 | If Debtor 2 lives at a different address: |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Stanislaus | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | PO BOX 581012 | |
| | | Modesto, CA 95358 Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing | Check one: | Check one: |
| ٥. | this district to file for | Oneck one. | Check one. |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|---|---|---|---------------------------------|--|--|---|-------------------------------------|--|
| | choosing to file under | Cha | apter 7 | | | | | |
| | | ☐ Cha | apter 11 | | | | | |
| | | ☐ Cha | apter 12 | | | | | |
| | | ☐ Cha | apter 13 | | | | | |
| 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office about how you may pay. Typically, if you are paying the fee yourself, you may pay worder. If your attorney is submitting your payment on your behalf, your attorney may a pre-printed address. | | | | | | ourself, you may pay with cash, cashier's ch | eck, or money | |
| | | | | | | on, sign and attach the Application for Indivi | duals to Pay | |
| | | | • | | (Official Form 103A). ved (You may request this option | n only if you are filing for Chapter 7. By law, | a judge may | |
| | | b | out is not rec applies to yo | uired to, waive your family size and | our fee, and may do so only if your fee, and may do so only if you are unable to pay the fee i | our income is less than 150% of the official p n installments). If you choose this option, yo cial Form 103B) and file it with your petition. | overty line that u must fill out | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | | |
| | last 8 years? | ☐ Yes. | • | | | | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your | □ No. | Go to | ine 12. | | | | |
| | residence? | Yes. | Has yo | ur landlord obtai | ned an eviction judgment agains | st you? | | |
| | | | | No. Go to line 1: | 2. | | | |
| | | | | Yes. Fill out <i>Initi</i> bankruptcy petit | | Judgment Against You (Form 101A) and file | it with this | |

Case number (if known)

| 2. | Are you a sole proprietor of any full- or part-time business? | No. | Go to | Part 4. |
|-----|---|------------------------|------------------|--|
| | | ☐ Yes. | Name | and location of business |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, State & ZIP Code |
| | it to this petition. | | Check | k the appropriate box to describe your business: |
| | | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above |
| 3. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadline: operation | s. If you in | der Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate idicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1)(B). |
| | | No. | I am n | not filing under Chapter 11. |
| | For a definition of small business debtor, see 11 U.S.C. § 101(51D). | □ No. | l am fi Code. | iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | l am fi | iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Cod |
| ari | t 4: Report if You Own or | Have Any | Hazardo | ous Property or Any Property That Needs Immediate Attention |
| 4. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | |
| | of imminent and identifiable hazard to public health or safety? | _ 100. | What is t | the hazard? |
| | Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? |
| | | | | Number, Street, City, State & Zip Code |

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 TINA T SAYAVON | G | | | Case number (if ki | nown) | |
|------|--|--|---|--|---|--|--|
| Par | 6: Answer These Quest | ions for R | eporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | individual primarily for a personal, | | | in 11 U.S.C. § 101(8) as "incurred by an | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | Are your debts primarily busine money for a business or investmen | ss debts? Business nt or through the ope | s debts are debts that generation of the business | you incurred to obtain s or investment. | |
| | | | ☐ No. Go to line 16c. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you owe th | at are not consume | debts or business de | bts | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | o to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | Yes. | I am filing under Chapter 7. Do yo are paid that funds will be availabl | | | is excluded and administrative expenses | |
| | administrative expenses | | ■ No | | | | |
| | are paid that funds will be available for | | ☐ Yes | | | | |
| | distribution to unsecured creditors? | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | 1 -49 | | □ 1,000-5,000 | | □ 25,001-50,000 | |
| | | □ 50-99 | | □ 5001-10,000 | | <u></u> | |
| | | ☐ 100-1 | | □ 10,001-25,000 | | ☐ More than100,000 | |
| | | □ 200-9 | 99 | | | | |
| 19. | How much do you | 1 \$0 - \$ | 50,000 | <u> </u> | | ☐ \$500,000,001 - \$1 billion | |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$ □ \$50,000,001 - \$ | | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | |
| | | □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$100,000,001 - | | ☐ More than \$50 billion | |
| 20. | How much do you | □ \$0 - \$ | 50.000 | □ \$1,000,001 - \$ ² | 10 million | □ \$500,000,001 - \$1 billion | |
| | estimate your liabilities | | 001 - \$100,000 | □ \$10,000,001 - S | | □ \$1,000,000,001 - \$10 billion | |
| | to be? | | 001 - \$500,000 | □ \$50,000,001 - S | • 2006.00 300000000000000000000000000000000 | \$10,000,000,001 - \$50 billion | |
| | | □ \$500, | 001 - \$1 million | □ \$100,000,001 - | \$500 million | ☐ More than \$50 billion | |
| Part | 7: Sign Below | | | - X 10 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | | | |
| For | you | I have ex | xamined this petition, and I declare ι | under penalty of perj | ury that the informatio | on provided is true and correct. | |
| | | | chosen to file under Chapter 7, I am tates Code. I understand the relief a | | | er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request | relief in accordance with the chapte | er of title 11, United | States Code, specified | d in this petition. | |
| | | bankrupt and 3571 | 1. | cealing property, or o | obtaining money or pro nent for up to 20 years | operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, | |
| | | TINA T | A T SAYAVONG SAYAVONG e of Debtor 1 | <u>s</u> | ignature of Debtor 2 | | |
| | | Executed | d on AM/DD/YYYY | E | xecuted on MM / DE | D/YYYY | |
| | | | | | | | |

Debtor 1 TINA T SAYAVONG Case number (if known) For your attorney, if you are I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed represented by one under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) If you are not represented by and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. an attorney, you do not need to file this page. /s/ Scott Mitchell Date Signature of Attorney for Debtor Scott Mitchell 236171 Scott Mitchell Law Incorporated Firm name 614 15th Street Modesto, CA 95354 Number, Street, City, State & ZIP Code Contact phone 209-529-7406 Scottmitchelllaw.com Email address 236171 CA

Bar number & State

Certificate Number: 03621-CAE-CC-032036423



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>December 15, 2018</u>, at <u>12:49</u> o'clock <u>PM EST</u>, <u>Tina Sayavong</u> received from <u>Credit Card Management Services</u>, <u>Inc. d/b/a Debthelper.com</u>, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>Eastern District of California</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 15, 2018

By: /s/Lashonda Collins

Name: Lashonda Collins

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

| HIII | n this information to identify your case: | | |
|-----------------|---|--------------------------------------|--|
| Deb | or 1 TINA T SAYAVONG First Name Middle Name Last Name | | - |
| Deb | | | |
| | ed States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA | | |
| Case (if kno | numberwn) | ☐ Check if amende | this is an d filing |
| ~ " | 1000 | | |
| | icial Form 106Sum nmary of Your Assets and Liabilities and Certain Statistical Information | 12 | /15 |
| Be a | complete and accurate as possible. If two married people are filing together, both are equally responsible for nation. Fill out all of your schedules first; then complete the information on this form. If you are filing amende original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | r supplying d schedule | correct s after you file |
| Pari | 1: Summarize Your Assets | Developed Springsports Specify Hills | 19409904-730040500-[51097]B00-58004044,1 |
| | | Your ass Value of | ets vhat you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 14,263.68 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 14,263.68 |
| Part | 2: Summarize Your Liabilities | | |
| | | Your liab Amount y | |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 87,069.66 |
| | Your total liabilities | \$ | 87,069.66 |
| Part | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,094.42 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,585.00 |
| Part | 4: Answer These Questions for Administrative and Statistical Records | | - 4140 |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sche | dules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, fa | amily, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules. | box and sub | mit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,261.79

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| The Dock to a Cata duta Ellis against ha fall autinos | Total | claim |
|--|-------|-------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Fillin | this information to identify | your case an | d this filing: | | | |
|------------------------------|---|------------------------------------|--|---|--|--|
| Debto | | AVONG | | | | |
| Dobto | First Name | M | liddle Name | Last Name | | |
| Debto (Spouse | e, if filing) First Name | N | liddle Name | Last Name | | |
| United | d States Bankruptcy Court for | the: EASTE | RN DISTRICT OF | - CALIFORNIA | | |
| Case | number | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Offi | cial Form 106A/B | <u>.</u> | | | | |
| Scl | hedule A/B: Pr | operty | • | | | 12/15 |
| think it informa Answe | fits best. Be as complete and a ation. If more space is needed, a r every question. | accurate as pos attach a separa | ssible. If two marrie te sheet to this forr | once. If an asset fits in more that ded people are filing together, bot m. On the top of any additional p | h are equally responsible for s pages, write your name and ca | supplying correct |
| Part 1 | | | | e You Own or Have an Interest In | *************************************** | |
| l. Doy | you own or have any legal or eq | uitable interest | in any residence, l | building, land, or similar propert | ty? | |
| | No. Go to Part 2. | | | | | |
| ΠY | es. Where is the property? | | | | | |
| Part 2 | Describe Your Vehicles | | | | | |
| 1 🗖 | Yes | | Who has an intend | reat in the property? Cheek are | Do not deduct secured | claims or exemptions. Put |
| 3.1 | Make: TOYOTA Model: CAMRY | . | Debtor 1 only | rest in the property? Check one | | red claims on Schedule D: aims Secured by Property. |
| | Year: 1997 | | Debtor 2 only | | Current value of the | Current value of the |
| | Approximate mileage: | 217,000 | Debtor 1 and 0 | • | entire property? | portion you own? |
| | Other information: Location: 1513 LYNNE F | RENEE | ☐ At least one of | f the debtors and another | | |
| | CT APT #3, Modesto CA | , | Check if this i | is community property | \$800.00 | \$800.00 |
| | And the Land Control of the Control | | | | | |
| 3.2 | Make: INFINITI | | Who has an inter | rest in the property? Check one | the amount of any secu | claims or exemptions. Put ired claims on Schedule D: |
| | Model: G35 | | Debtor 1 only | | | aims Secured by Property. |
| | Year: 2003 Approximate mileage: | 168,600 | ☐ Debtor 2 only ☐ Debtor 1 and □ | Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | | | f the debtors and another | | |
| | Location: 1513 LYNNE F | | Construction is | !th | \$3,000.00 | \$3,000.00 |
| | | 30.000 | | is community property | 7-1100 | + - 1 |
| | CT APT #3, Modesto CA | | (see instructions | 5) | | |

| Debtor 1 | TINA T SAYAVONG Case | number (if known) | |
|---------------------------|--|------------------------|---|
| | he dollar value of the portion you own for all of your entries from Part 2, including any of you have attached for Part 2. Write that number here | | \$3,800.00 |
| Part 3: | Describe Your Personal and Household Items | | |
| · | own or have any legal or equitable interest in any of the following items? shold goods and furnishings | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exam</i> □ No | o/les: Major appliances, furniture, linens, china, kitchenware | | |
| 10 | | | |
| | DINING, LIVING, HOME DÉCOR, DVD'S, BEDROOM FURNISH LINENS, KITCHENWARE, SMALL KITCHEN APPLIANCES Location: 1513 LYNNE RENEE CT APT #3, Modesto CA 9535 | | \$3,000.00 |
| □ No | onics bles: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, including cell phones, cameras, media players, games b. Describe | scanners; music col | ections; electronic devices |
| | 1-TV'S 1 -DVD PLAYER 1-PAD 1-COMPUTER 1-CAMERA 1-STEREO | | |
| | Location: 1513 LYNNE RENEE CT APT #3, Modesto CA 9535 | 8 | \$2,000.00 |
| Exam | tibles of value oles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art obother collections, memorabilia, collectibles Describe | ojects; stamp, coin, o | r baseball card collections; |
| <i>Exam</i> ■ No | ment for sports and hobbies oles: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf cl musical instruments Describe | ubs, skis; canoes an | d kayaks; carpentry tools; |
| ■ No | rms nples: Pistols, rifles, shotguns, ammunition, and related equipment Describe | | |
| 11. Cloth Exar □ No | | | |
| . • | | | |
| | CLOTHING Location: 1513 LYNNE RENEE CT APT #3, Modesto CA 9535 | 8 | \$300.00 |
| ■ No | Iry nples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry Describe | , watches, gems, gol | d, silver |

| 13 | btor 1 | TINA T SAYA | VONG | | Case number (if known) | |
|-------------------|--|--|--|---|--|---|
| | Examp. ■ No | rm animals les: Dogs, cats, bi | irds, hors | ses | | |
| | ∟ Yes. | Describe | | | | |
| | ■ No | ner personal and Give specific infor | | - | did not already list, including any health aids you did not list | |
| 15. | | | | | m Part 3, including any entries for pages you have attached | \$5,300.00 |
| Pai | t.4: Des | scribe Your Financi | al Assets | 3 | | |
| SHEED | ERGERGERA | | | | st in any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | No | | | | ır home, in a safe deposit box, and on hand when you file your petitio | on |
| | | | | | accounts; certificates of deposit; shares in credit unions, brokerage hunts with the same institution, list each. | nouses, and other similar |
| | | | | | Institution name: | |
| | | | 17.1. | Checking | GOLDEN ONE CREDIT UNION | \$80.26 |
| | | | | | | |
| | | | 17.2. | Savings | GOLDEN ONE CREDIT UNION | \$83.42 |
| ١ | Examp. No | | r publici nvestme | ly traded stocks | s n brokerage firms, money market accounts | \$83.42 |
| | Examp. ■ No □ Yes | les: Bond funds, ir | r publici nvestme | iy traded stocks nt accounts with Institution or issu | s n brokerage firms, money market accounts uer name: | |
| 19. | Examp. No Yes Non-pu joint ve | les: Bond funds, ir | r publici nvestme | ly traded stocks nt accounts with Institution or issu nterests in inco | s n brokerage firms, money market accounts uer name: orporated and unincorporated businesses, including an interes | |
| 19. | Examp. No Yes Non-pu joint ve | les: Bond funds, ir | r publication restricts republication and interesting a second contraction and intere | ly traded stocks nt accounts with Institution or issu nterests in inco | s n brokerage firms, money market accounts uer name: orporated and unincorporated businesses, including an interes | |
| 19. | Examp No Yes Non-pu joint ve No Yes. Govern Negotia Non-ne | les: Bond funds, ir blicly traded stocenture Give specific informent and corporable instruments ir | r publicinvestme ck and i mation a Nam rate bon nclude p | ly traded stocks nt accounts with Institution or issu nterests in inco about them ne of entity: ds and other nersonal checks, | s n brokerage firms, money market accounts uer name: orporated and unincorporated businesses, including an interes | |
| 19. | Examp No Yes Non-pu joint ve No Yes No | les: Bond funds, ir blicly traded stocenture Give specific informent and corporable instruments ir | r publicinvestme ck and i rmation a Namerate bon noclude ponts are t | ly traded stocks nt accounts with Institution or issu nterests in inco about them ne of entity: ds and other nersonal checks, hose you canno | s n brokerage firms, money market accounts uer name: orporated and unincorporated businesses, including an interes % of ownership: regotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. | |
| 19. 20. 21. | Examp No Yes Non-pu joint ve No Yes. Govern Negotia Non-ne No Yes. Retirem | les: Bond funds, in les: Bond funds, in les: Bond funds, in les: Bond funds, in les: Bond funds for les: Bond funds for les: Bond funds fu | r publicinvestme ck and i rmation a Nam rate bon nclude ponts are ti mation a lssu accounts | ly traded stocks nt accounts with Institution or issu nterests in inco about them ne of entity: ds and other nersonal checks, hose you canno bout them er name: | s n brokerage firms, money market accounts uer name: orporated and unincorporated businesses, including an interes % of ownership: regotiable and non-negotiable instruments cashiers' checks, promissory notes, and money orders. | t in an LLC, partnership, and |

| De | btor 1 | TINA T SAYAVONG | | Case number (if known) | |
|-----|--------------------------|---|--|-------------------------------------|--|
| 22. | Your st Examp ■ No | les: Agreements with landlords, pr | ve made so that you may continue service or usepaid rent, public utilities (electric, gas, water), Institution name or individual | telecommunications companies, c | or others |
| | ⊔ Yes | | mstitution harne or individual | • | |
| 23. | Annuiti | es (A contract for a periodic paym | ent of money to you, either for life or for a numb | per of years) | |
| | No No | leaver name and de | parintion | | |
| | ☐ Yes | Issuer name and de | scription. | | |
| | 26 U.S.C | s in an education IRA, in an acc C. §§ 530(b)(1), 529A(b), and 529(| ount in a qualified ABLE program, or under a b)(1). | a qualified state tuition program | 1. |
| | ■ No □ Yes | Institution name and | d description. Separately file the records of any | interests.11 U.S.C. § 521(c): | |
| | | | | | |
| | ■ No | • | property (other than anything listed in line 1 |), and rights or powers exercisa | ible for your benefit |
| | ⊔ Yes. | Give specific information about the | em | | |
| | Ехатр | s, copyrights, trademarks, trade les: Internet domain names, webs | secrets, and other intellectual property ites, proceeds from royalties and licensing agre | ements | |
| | No No | Other and alternative about the | | | |
| | ⊔ Yes. | Give specific information about the | em | | |
| 27. | License Examp ■ No | es, franchises, and other generalles: Building permits, exclusive lic | ıl intangibles enses, cooperative association holdings, liquor | licenses, professional licenses | |
| | | Give specific information about th | em | | |
| 8.4 | | | | | Current value of the |
| IVI | oney or p | property owed to you? | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to you | | | |
| | Yes. | Give specific information about the | em, including whether you already filed the retui | rns and the tax years | |
| | | | | | |
| | | | | | |
| | | | ESTIMATED TAX REFUND | FED AND STATE | \$5,000.00 |
| | | 1 | | | |
| 29. | Family Examp | support les: Past due or lump sum alimon | y, spousal support, child support, maintenance, | divorce settlement, property settle | ement |
| | | Give specific information | | | |
| | | | | | |
| 30. | Other a Examp | mounts someone owes you les: Unpaid wages, disability insur benefits; unpaid loans you ma | rance payments, disability benefits, sick pay, va ade to someone else | cation pay, workers' compensation | on, Social Security |
| | ■ No | | | | |
| | ☐ Yes. | Give specific information | | | |
| 31. | Interes Examp | ts in insurance policies lles: Health, disability, or life insura | ance; health savings account (HSA); credit, hon | neowner's, or renter's insurance | |
| | | Name the insurance company of e | each policy and list its value. | | |
| | 103. | Company n | | eficiary: | Surrender or refund value: |

| 33. (| In y interest in property that is due you from someone who has f you are the beneficiary of a living trust, expect proceeds from a list someone has died. No Yes. Give specific information Italiams against third parties, whether or not you have filed a latexamples: Accidents, employment disputes, insurance claims, or rown No Yes. Describe each claim Other contingent and unliquidated claims of every nature, including the contingent and unliquidated claims of every nature, including the contingent and understand the contingent and understand the contingent and understand the claims of every nature, including the contingent and understand the contin | ife insurance policy, or are currently entitled to we write a demand for payment ights to sue a demand for payment ights to sue the debtor and rights to such a deptor and rights to such a debtor and rights and counterclaims of the debtor and rights any entries for pages you have attache | nts to set off claims |
|--------------|---|---|--------------------------------|
| 33. (| Yes. Give specific information Flaims against third parties, whether or not you have filed a latexamples: Accidents, employment disputes, insurance claims, or not you have filed a latexamples: Accidents, employment disputes, insurance claims, or not yes. Describe each claim Pather contingent and unliquidated claims of every nature, including yes. Describe each claim | ights to sue uding counterclaims of the debtor and rigiting and rigiting and rigiting and rigiting and rigiting and rigiting any entries for pages you have attache | |
| 33. (| claims against third parties, whether or not you have filed a late examples: Accidents, employment disputes, insurance claims, or not not you have filed a late examples: Accidents, employment disputes, insurance claims, or not | ights to sue uding counterclaims of the debtor and rigiting and rigiting and rigiting and rigiting and rigiting and rigiting any entries for pages you have attache | |
| 34. (| Examples: Accidents, employment disputes, insurance claims, or recommendate. No Yes. Describe each claim Other contingent and unliquidated claims of every nature, including No Yes. Describe each claim In the financial assets you did not already list No Yes. Give specific information Add the dollar value of all of your entries from Part 4, including No Yes. | ights to sue uding counterclaims of the debtor and rigiting and rigiting and rigiting and rigiting and rigiting and rigiting any entries for pages you have attache | |
| 340 | Yes. Describe each claim Other contingent and unliquidated claims of every nature, including the second se | ng any entries for pages you have attache | |
| | No Yes. Describe each claim Iny financial assets you did not already list No Yes. Give specific information Add the dollar value of all of your entries from Part 4, including | ng any entries for pages you have attache | |
| | Yes. Describe each claim Iny financial assets you did not already list No Yes. Give specific information Add the dollar value of all of your entries from Part 4, including | | |
| | No Yes. Give specific information Add the dollar value of all of your entries from Part 4, including | | |
| _ | Yes. Give specific information Add the dollar value of all of your entries from Part 4, including | | |
| | | | |
| | | | at 1 |
| 36. | | | \$5,163.68 |
| Part | Describe Any Business-Related Property You Own or Have an Inte | rest In. List any real estate in Part 1. | |
| 37 D | o you own or have any legal or equitable interest in any business-relat | ted property? | |
| | No. Go to Part 6. | , , , | |
| | Yes. Go to line 38. | | |
| | | | |
| Part | Describe Any Farm- and Commercial Fishing-Related Property You if you own or have an interest in farmland, list it in Part 1. | u Own or Have an Interest in. | |
| 46. [| o you own or have any legal or equitable interest in any farm | or commercial fishing-related property? | |
| | No. Go to Part 7. | | |
| | ☐ Yes. Go to line 47. | | |
| Part | Describe All Property You Own or Have an Interest in That Yo | u Did Not List Above | |
| 53. [| o you have other property of any kind you did not already list Examples: Season tickets, country club membership | ? | |
| _ | No Circuit Circuit | | |
| L | Yes. Give specific information | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write the | nat number here | \$0.00 |
| Part | List the Totals of Each Part of this Form | | |
| | | | #0.00 |
| 55. | Part 1: Total real estate, line 2 | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 Part 3: Total personal and household items, line 15 | \$3,800.00 \$5,300.00 | |
| 57. 58. | Part 4: Total financial assets, line 36 | \$5,163.68 | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| 61. | Part 7: Total other property not listed, line 54 | \$0.00 | |
| 62. | Total personal property. Add lines 56 through 61 | \$14,263.68 Copy personal prop | perty total \$14,263.68 |
| 63 | Total of all property on Schedule A/B. Add line 55 + line 62 | | \$14,263.68 |
| JJ. | Total C. d., property C. Comments and the second comments and the second comments and the second comments are second comments. | | Ψ17,200.00 |

| U2 | 2/04/19 | | Case | тэ. | -90100 | |
|--------------------|--|---|---|----------------|---|---|
| Hil | in this inform | nation to identify your case: | | | | |
| De | btor 1 | TINA T SAYAVONG | | | | |
| _ | | First Name M | liddle Name | La | ast Name | |
| | btor 2 ouse if, filing) | First Name M | liddle Name | Lá | ast Name | |
| Un | ited States Bar | nkruptcy Court for the: EAST | ERN DISTRICT OF CA | LIFO | RNIA | |
| | se number nown) | | | | | ☐ Check if this is an amended filing |
| O1 | fficial Fo | rm 106C | | | | |
| | | e C: The Proper | ty You Cla | im | as Exempt | 4/16 |
| fun exe to t | ds—may be usemption to a passed he applicable int 1: Identif | nlimited in dollar amount. How | wever, if you claim an e value of the propert xempt ? Check one only, ever | exem y is d | nption of 100% of fair market valuetermined to exceed that amount ur spouse is filing with you. | enefits, and tax-exempt retirement e under a law that limits the t, your exemption would be limited |
| | ☐ You are cla | aiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any prop | erty you list on Schedule A/B | that you claim as exe | mpt, | fill in the information below. | |
| | | on of the property and line on that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim | Specific laws that allow exemption |
| | | TA CAMRY 217,000 miles | \$800.00 | | \$800.00 | C.C.P. § 703.140(b)(2) |
| | APT #3, Mo | 513 LYNNE RENEE CT desto CA 95358 nedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2003 INFIN | ITI G35 168,600 miles | \$3,000.00 | | \$3,000.00 | C.C.P. § 703.140(b)(2) |
| | Location: 1 APT #3, Mo | 513 LYNNÉ RENEE CT odesto CA 95358 hedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| _ | | VING, HOME DÉCOR, | \$3,000.00 | | \$3,000.00 | C.C.P. § 703.140(b)(3) |
| | LINENS, KI KITCHEN | DROOM FURNISHINGS, TCHENWARE, SMALL APPLIANCES 1513 LYNNE RENEE CT | | | 100% of fair market value, up to any applicable statutory limit | |

APT #3, Modesto CA 95358 Line from *Schedule A/B*: 6.1

| btor 1 TINA T SAYAVONG | | | Case number (if known) | | | |
|--|-------------------------------------|--------|---|------------------------------------|--|--|
| Brief description of the property and line on Schedule A/B that lists this property portion you own | | Amo | ount of the exemption you claim | Specific laws that allow exemption | | |
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | |
| 1-TV'S | \$2,000.00 | | \$2,000.00 | C.C.P. § 703.140(b)(3) | | |
| 1 -DVD PLAYER 1-PAD 1-COMPUTER 1-CAMERA 1-STEREO Location: 1513 LYNNE RENEE CT APT #3, Modesto CA 95358 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| CLOTHING Location: 1513 LYNNE RENEE CT | \$300.00 | | \$300.00 | C.C.P. § 703.140(b)(3) | | |
| APT #3, Modesto CA 95358 Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| Checking: GOLDEN ONE CREDIT UNION | \$80.26 | | \$80.26 | C.C.P. § 703.140(b)(5) | | |
| Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| Savings: GOLDEN ONE CREDIT | \$83.42 | | \$83.42 | C.C.P. § 703.140(b)(5) | | |
| Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| FED AND STATE: ESTIMATED TAX | \$5,000.00 | | \$5,000.00 | C.C.P. § 703.140(b)(5) | | |
| Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No ☐ Yes. Did you acquire the property cove ☐ No ☐ Yes | √3 years after that for ca | ases f | | | | |

Best Case Bankruptcy

Filed 02/04/19 Case 19-90106 Doc 1

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|--------------------|--------------|------------------------------------|
| Debtor 1 | TINA T SAYAVON | IG | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F CALIFORNIA | |
| Case number (if known) | | | | Check if this is an amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| Debtor 1 Debtor 2 (Spouse if, fi | TINA T SAYAVON First Name First Name | | Last Name | | |
|-----------------------------------|---|--|---|---------------------------------------|--|
| Debtor 2 (Spouse if, fi | First Name | | Last Name | | |
| (Spouse if, fi | illing) First Name | | | | |
| | iling) First Name | | | | |
| United St | anny) | Middle Name | Last Name | | |
| | tates Bankruptcy Court for the: | EASTERN DISTRICT | OF CALIFORNIA | | |
| Case nur | mher | | | | |
| (if known) | | | | | ☐ Check if this is an |
| ., | | | | | amended filing |
| Officia ⁱ | l Form 106E/F | | | | |
| | ule E/F: Creditors W | ho Have Unse | cured Claims | | 12/15 |
| Schedule [eft. Attach | G: Executory Contracts and Unexpi D: Creditors Who Have Claims Secu the Continuation Page to this pag- case number (if known). List All of Your PRIORITY Un | ured by Property. If more e. If you have no informa | space is needed, copy | the Part you need, fill it out, n | scured claims that are listed in umber the entries in the boxes on the p of any additional pages, write your |
| 1. Do an | y creditors have priority unsecured | d claims against you? | | | |
| ■ Nc | o. Go to Part 2. | | | | |
| ☐ Ye | 9S. | | | | |
| Part 2: | List All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do an | ny creditors have nonpriority unsec | ured claims against you | ? | | |
| □ No | o. You have nothing to report in this pa | art. Submit this form to the | court with your other sch | edules. | |
| ■ Ye | | | | | |
| unsec | one creditor holds a particular claim, li | for each claim. For each | claim listed, identify what | type of claim it is. Do not list clai | ms already included in Part 1. If more |
| | Allstate Northbrook Indemn | itv | | | |
| 4.1 C | Company | | gits of account number | 0229 | \$7,212.87 |
| а | Nonpriority Creditor's Name a/s/o Thipphach Chantharat c/o Law Office of Gregory L | 17 | s the debt incurred? | | |
| 3 | 330 N BRAND BLVD., SUITE | | | | |
| Ċ | Glendale, CA 91203 Number Street City State Zip Code | A. a. f. f. f | date you file, the claim | ie: Chack all that anni- | |
| | Who incurred the debt? Check one. | As of the | date you me, the claim | із: Спеск ан тат арріу | |
| ı | Debtor 1 only | ☐ Contin | igent | | |
| Γ | Debtor 2 only | ☐ Unliqu | = | | |
| | Debtor 1 and Debtor 2 only | □ Disput | | | |
| | At least one of the debtors and and | • | IONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a comm | Пост | nt loans | | |
| | lebt s the claim subject to offset? | ☐ Obliga | ations arising out of a sepa priority claims | aration agreement or divorce tha | at you did not |
| | | | • | | |
| ls | _ | ☐ Debts | to pension or profit-sharir | ng plans, and other similar debts | 3 |
| ls | No | ☐ Debts | to pension or profit-sharin | | 3 |

| Debtor 1 TINA T SAYAVONG | | Case number (if known) | | | |
|--------------------------|---|---|---|------------|--|
| | Basham & Scott , LLC Attorney at Law Nonpriority Creditor's Name 14 Miane St Suite 413 Brunswick, ME 04011 Number Street City State Zip Code Who incurred the debt? Check one. | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim in | \$13,545.93 | | |
| | Debtor 1 only | Contingent | | | |
| | □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | No No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify | | | |
| 4.3 | Capital One | Last 4 digits of account number | 3559 | \$1,220.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 07/14 Last Active 02/18 | | |
| | Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | Debts to pension or profit-sharir | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Credit Card | | | |
| 4.4 | Capital One Auto Finance Nonpriority Creditor's Name | Last 4 digits of account number | 1001 | \$0.00 | |
| | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 12/16 Last Active 3/25/17 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alatas | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | a ciaim: | | |
| | Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | ng plans, and other similar debts | | |
| | ■ No □ Yes | Other. Specify Automobile | • | | |
| | | | A AND AND AND AND AND AND AND AND AND AN | | |

| Debtor | 1 TINA T SAYAVONG | | Case number (if known) | |
|--------|---|---|---|------------|
| 4.5 | Cashcall Inc Nonpriority Creditor's Name | Last 4 digits of account number | 7655 | \$0.00 |
| | Attn: Bankruptcy Po Box 66007 Anaheim, CA 92816 | When was the debt incurred? | Opened 09/15 Last Active 1/01/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | and the same of the same that we will have | |
| | Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.6 | Cashcall Inc Nonpriority Creditor's Name | Last 4 digits of account number | 6817 | \$0.00 |
| | Attn: Bankruptcy Po Box 66007 | When was the debt incurred? | Opened 03/15 Last Active 8/27/15 | |
| | Anaheim, CA 92816 Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | , to of the date you me, the stam. | · | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.7 | Cashcall Inc | Last 4 digits of account number | 3244 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 66007 Anaheim, CA 92816 | When was the debt incurred? | Opened 09/14 Last Active 01/15 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify Unsecured | | |
| | | - Other, Specify - Charles | | Water Pro- |

| Deptor | 1 TINA T SAYAVONG | | Case number (if known) | |
|--------|---|---|--|------------|
| | Cashcall Inc Nonpriority Creditor's Name | Last 4 digits of account number | 1054 | \$0.00 |
| | Attn: Bankruptcy Po Box 66007 Anaheim, CA 92816 | When was the debt incurred? | Opened 09/17 Last Active 12/17 | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Unsecured | | |
| 4.9 | Cashcall Inc | Last 4 digits of account number | 2535 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 66007 | When was the debt incurred? | Opened 01/16 Last Active 04/16 | |
| - | Anaheim, CA 92816 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | i claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.1 | Cavalry Portfolio Services | Last 4 digita of account number | 0082 | \$2,145.00 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ2,110.00 |
| | Attn: Bankruptcy Department 500 Summit Lake Ste 400 Valhalla, NY 10595 | When was the debt incurred? | Opened 07/18 Last Active 01/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharir | | |
| | Yes | | Attorney Synchrony Bank | |

| Debtor 1 TINA T SAYAVONG | | Case number (if known) | | | |
|--------------------------|--|--|---|------------|--|
| 4.1 | Cbassociates | Last 4 digits of account number | 3374 | \$5,309.00 | |
| | Nonpriority Creditor's Name Po Box 150 Fairfield, CA 94533 | When was the debt incurred? | Opened 09/18 | | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | i claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify Dept | Attorney Travis Cu-Collection | | |
| 4 | Chassociates | Last 4 digits of account number | 7366 | \$562.00 | |
| | Nonpriority Creditor's Name | | Opened 08/18 Last Active | | |
| | Po Box 150 Fairfield, CA 94533 | When was the debt incurred? | 05/18 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharing | | | |
| | Yes | ■ Other. Specify Collection Shares | Attorney Travis Cu-Negative | | |
| 4.1 | Citi Cards | Last 4 digits of account number | 0461 | \$3,202.45 | |
| | Nonpriority Creditor's Name Po Box 790040 Saint Louis, MO 63179 | When was the debt incurred? | | | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | and other similar deba | | |
| | ■ No □ Debts to pension or prof | | | | |
| | Yes | Other. Specify Credit card | purchases | | |

| Debtor 1 TINA T SAYAVONG | | Case number (if known) | | | |
|--------------------------|---|---|--|----------|--|
| 4.1 | Citibank/Best Buy | Last 4 digits of account number | 3569 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy Po Box 790034 | When was the debt incurred? | Opened 04/06 Last Active 07/07 | | |
| - | St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify | | | |
| 4.1 | County of San Joaquin Nonpriority Creditor's Name | Last 4 digits of account number | 4456 | \$250.00 | |
| | TTC Rev & Reovery Division 350 E Weber Ave Stockton, CA 95202 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim i | is: Chack all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | Contingent | | | |
| | Debtor 2 only | Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | |
| | At least one of the debtors and another | Student loans | a ciaim: | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | nation agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Medical | | | |
| 4.1 | Credit Management, LP | Last 4 digits of account number | 5718 | \$99.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 118288 | When was the debt incurred? | Opened 08/18 Last Active 09/17 | | |
| | Carrollton, TX 75011 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a sepa | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | ng plans, and other similar debts | | |
| | ■ No | , . | -, | | |
| | Yes | Other. Specify Collection | Attorney Comcast Cable | | |
| | 1 100 | | , 100 FM 1 - 3 M 100 FM 1 - 100 FM 10 | | |

| Debtor ' | TINA T SAYAVONG | | Case number (if known) | | |
|----------|--|---|---|------------|--|
| / | Credit One Bank | Last 4 digits of account number | 7863 | \$712.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | Opened 12/17 Last Active 06/18 | | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | i claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | • • | | |
| | Yes | Other. Specify Credit Card | | | |
| 4.1 8 | Dermatoagy Affiliates | Last 4 digits of account number | 5423 | \$19.83 | |
| | Nonpriority Creditor's Name 1324 Nelson Ave Suite B Modesto, CA 95350 | When was the debt incurred? | | | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharir | * ' | | |
| | Yes | Other. Specify Guarantor | for minor : Valanie | | |
| 4.1 9 | Diversified Consultants, Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 8158 | \$1,424.00 | |
| | Attn: Bankruptcy Po Box 551268 | When was the debt incurred? | Opened 07/18 | | |
| | Jacksonville, FL 32255 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | Debts to pension or profit-shari | ng plans, and other similar debts | | |
| | ■ No | Other. Specify Collection | | | |
| | Yes | Other. Specify | Attorney Oprilit | | |

| Debtor | 1 TINA T SAYAVONG | | Case number (if known) | | |
|--------|--|--------------------------------------|---|----------|--|
| 4.2 | Diversified Consultants, Inc. | Last 4 digits of account number | 3220 | \$783.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551268 | When was the debt incurred? | Opened 08/18 Last Active 04/18 | | |
| | Jacksonville, FL 32255 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Collection | Attorney Tmobile | | |
| 4.2 | EdFinancial Services | Last 4 digits of account number | 2649 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 36008 | When was the debt incurred? | Opened 07/03 Last Active 07/17 | | |
| | Knoxville, TN 37930 Number Street City State Zip Code | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Government | nt Unsecured Guarantee Loan | | |
| 4.2 | EdFinancial Services | Last 4 digits of account number | 2749 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 36008 | When was the debt incurred? | Opened 07/03 Last Active 6/21/17 | | |
| | Knoxville, TN 37930 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | | | | |
| | ☐ Debtor 2 only | | | | |
| | Debtor 1 and Debtor 2 only | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt | Obligations arising out of a sep | | | |
| | Is the claim subject to offset? | report as priority claims | ng plane, and other cimilar dabte | | |
| | ■ No | Debts to pension or profit-shari | ny pians, and other similal debts | | |
| | Yes | Other. Specify | | | |
| | | Education | aı | | |

| Debtor | 1 TINA T SAYAVONG | Case number (if known) | | | | |
|--------|--|--|---|----------------|--|--|
| 4.2 | Fortiva | Last 4 digits of account number | 6991 | \$0.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 105555 Atlanta, GA 30348 | When was the debt incurred? | Opened 2/06/14 Last Active 2/09/16 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | a plane and other similar debte | | | |
| | No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Credit Card | | | | |
| 4.2 | Global Client Solutions LLC Nonpriority Creditor's Name | Last 4 digits of account number | 6748 | Unknown | | |
| | 4343 S. 118th East Ave, Suite 220 Tulsa, OK 74146 | When was the debt incurred? | | | | |
| • | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | Debtor 1 only | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharir | | | | |
| | ☐ Yes | Other. Specify | | | | |
| 4.2 | LVNV Funding/Resurgent Capital | Last 4 digits of account number | 1549 | \$2,666.00 | | |
| 5 | Nonpriority Creditor's Name | Last 4 digits of account number | | V-1,000 | | |
| | Attn: Bankruptcy Po Box 10497 | When was the debt incurred? | Opened 08/18 Last Active 01/18 | | | |
| | Greenville, SC 29603 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | ☐ Unliquidated | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | □Yes | Factoring (Other. Specify N.A. | Company Account Capital One | | | |

| Debto | TINA T SAYAVONG | | Case number (if known) | | |
|-------|---|--|---|------------|--|
| 4.2 | NetCredit | Last 4 digits of account number | 6819 | \$6,009.00 | |
| | Nonpriority Creditor's Name 175 W. Jackson Blvd., Suite 1000 Chicago, IL 60604 | When was the debt incurred? | Opened 12/17 Last Active 5/16/18 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Type of NONPRIORITY unsecured Student loans | i claim: | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify Unsecured | | | |
| 4.2 | Nordstrom FSB | Last 4 digits of account number | 6449 | \$5,313.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 6555 | When was the debt incurred? | Opened 07/15 Last Active 7/20/18 | | |
| | Englewood, CO 80155 Number Street City State Zip Code Who incurred the debt? Check one. | nber Street City State Zip Code As of the date you file, the claim is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | d claim: | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| | Yes | Other. Specify Credit Care | I | | |
| 4.2 | OrthoBanc | Last 4 digits of account number | 3493 | Unknown | |
| | Nonpriority Creditor's Name 2835 Nothpoint Blvd Hixson, TN 37343 | When was the debt incurred? | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | d claim: | | |
| | ☐ Check if this claim is for a community | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Dental | | | |
| | | Outer, opeony | | | |

| Debto | or 1 TINA T SAYAVONG | Case number (if known) | | |
|-------|--|---|------------|--|
| 4.2 | PCS | Last 4 digits of account number 7366 | \$542.04 | |
| | Nonpriority Creditor's Name PO BOX 150 Fairfield, CA 94533 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Yes | Overdrawn account Travis Cu | | |
| 4.3 | Resurgent Capital Services Nonpriority Creditor's Name | Last 4 digits of account number 1549 | \$2,666.99 | |
| | PO BOX 1410 Troy, MI 48099 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify Acct Id: 676348210 | | |
| 4.3 | Rex Platner | Last 4 digits of account number 1231 | \$1,050.00 | |
| | Nonpriority Creditor's Name 820 Columbia Way Modesto, CA 95350 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | Stanislaus case Other. Specify Limited Civil | | |
| | | | | |

| Debtor | 1 TINA T SAYAVONG | Case number (if known) | | | |
|--------|---|--|--|---------|--|
| 4.3 | Sierra Receivables Management Nonpriority Creditor's Name | Last 4 digits of account number | 1932 | \$80.00 | |
| | Attn: Bankruptcy Dept. P.O. Box 494070 Redding, CA 96049 | When was the debt incurred? | Opened 02/18 Last Active 03/17 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | |
| | No No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Collection | Attorney La Laser Center Pc | | |
| 4,3 | Southwest Credit Nonpriority Creditor's Name | Last 4 digits of account number | 1372 | \$99.00 | |
| | 4120 International Pkwy Carrollton, TX 75007 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | □ Debtor 1 and Debtor 2 only □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separement as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Comcast | 400 MARINE TO THE REAL PROPERTY OF THE REAL PROPERT | | |
| 4.3 | Outton Could Medical Foundation | | 7858 | \$40.40 | |
| 4 | Sutter Gould Medical Foundation Nonpriority Creditor's Name PO BOX 255468 | Last 4 digits of account number When was the debt incurred? | 7030 | Ψτυ.τυ | |
| | Sacramento, CA 95865 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | |
| | ☐ At least one of the debtors and another | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt | Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | Debts to pension or profit-shari | og plans, and other similar debts | | |
| | ■ No □ Yes | Other. Specify Medical | '9 Ermyl and ania, anima, appra | | |
| | □ 165 | - Other, Specify | | | |

| Debto | or 1 TINA T SAYAVONG | | Case number (if known) | |
|----------|--|---|---|------------|
| 4.3 5 | Syncb/sunglass Hut | Last 4 digits of account number | 0377 | \$1,055.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | When was the debt incurred? As of the date you file, the claim i | Opened 09/15 Last Active 8/17/18 s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | d claim: ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.3 | Syncb/whitehall Nonpriority Creditor's Name | Last 4 digits of account number | 2654 | \$0.00 |
| | C/o Po Box 965036 Orlando, FL 32896 | When was the debt incurred? | Opened 03/07 Last Active 01/08 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | report as priority claims Debts to pension or profit-sharing | aration agreement or divorce that you did not | |
| 4.3 | Synchrony Bank | Last 4 digits of account number | 9376 | \$1,845.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 02/16 Last Active 8/17/18 is: Check all that apply | |
| | Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community debt Is the claim subject to offset? | Type of NONPRIORITY unsecure Student loans Obligations arising out of a separeport as priority claims | d claim: aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | · · | |
| | Yes | Other. Specify Charge Ac | count | |

| Debtor | 1 TINA T SAYAVONG | Case number (if known) | | | | |
|----------|---|---|---|----------|--|--|
| 4.3 8 | Synchrony Bank/ JC Penneys | Last 4 digits of account number | 6554 | \$0.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 08/04 Last Active 10/04 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | No No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | | | |
| 4.3 | Synchrony Bank/Care Credit Nonpriority Creditor's Name | Last 4 digits of account number | 4403 | \$0.00 | | |
| | Attn: Bankruptcy Dept Po Box 965061 Orlando, FL 32896 | When was the debt incurred? | Opened 10/15 Last Active 01/18 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | □ Obligations arising out of a separe report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Charge Acc | count | | | |
| 4.4 | T-Mobile | Last 4 digits of account number | 0537 | \$783.36 | | |
| | Nonpriority Creditor's Name PO BOX 790047 | When was the debt incurred? | | | | |
| | Saint Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Service | | | | |
| | | - Other Openin | | | | |

| Debtor | 1 TINA T SAYAVONG | Case number (if known) | | | |
|--------|--|---|--|-------------|--|
| 4.4 | Travis Cu | Last 4 digits of account number | 2042 | \$11,910.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department 1 Travis Way Vacaville, CA 95687 | When was the debt incurred? | Opened 09/16 Last Active 10/10/18 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | □Yes | Other. Specify Automobile 2007 GMC | YUKON XL 1500 | | |
| 4.4 | Travis Cu Nonpriority Creditor's Name | Last 4 digits of account number | 5935 | \$5,161.00 | |
| | Attn: Bankruptcy Department 1 Travis Way Vacaville, CA 95687 | When was the debt incurred? | Opened 07/17 Last Active 05/18 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | □ Yes | Other. Specify Credit Card | | | |
| | | — Other. Specify | | | |
| 4.4 | US Dept of Education | Last 4 digits of account number | 0949 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 | When was the debt incurred? | Opened 7/28/03 Last Active 4/21/12 | | |
| | Saint Paul, MN 55116 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | | | | |
| | ☐ At least one of the debtors and another | i claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify | | | |
| | 03 | Educationa | 1 | | |
| | · · · · · · · · · · · · · · · · · · · | | A | | |

| Debtor | 1 TINA T SAYAVONG | | Case number (if known) | , |
|----------|--|---|---|---------|
| 4.4 | US Dept of Education | Last 4 digits of account number | 2432 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 Saint Paul, MN 55116 | When was the debt incurred? | Opened 7/28/03 Last Active 9/21/11 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | d alaim. | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured Student loans | u ciaiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | il | **** |
| 4.4 5 | US Dept of Education | Last 4 digits of account number | 1049 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 16448 | When was the debt incurred? | Opened 7/28/03 Last Active 4/21/12 | |
| | Saint Paul, MN 55116 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loans Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharir | ng plans, and other similar debts | |
| | □Yes | Other. Specify | | |
| | | Educationa | al | |
| 1.4 | USCB America Nonpriority Creditor's Name | Last 4 digits of account number | 7858 | \$41.43 |
| | 355 S Grand Ave Ste 3200 Box 306 Los Angeles, CA 90071 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | od claim: | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure ☐ Student loans | u ciaiill. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | | | | |

| Debtor 1 TINA T SAYAVONG | | | | | | | |
|--------------------------|--|---|---|------------|--|--|--|
| 4.4 | Valley First Credit Union | Last 4 digits of account number | 0500 | \$5,516.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 1411 | When was the debt incurred? | Opened 03/17 Last Active 9/17/18 | | | | |
| | Modesto, CA 95353 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | □Yes | Other. Specify Automobile 2009 MERC | EEDES BENZ S-CLASS | | | | |
| 4.4 | Ve Prum and Suong Yin | Last 4 digits of account number | 5239 | Unknown | | | |
| | Nonpriority Creditor's Name c/o John Nguyen When was the debt incurred? 1130 14th Street | | | | | | |
| | Modesto, CA 95354-4000 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separe report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | Stanislaus Other. Specify case #: 202 | | | | | |
| 4.4 | Wells Fargo | Last 4 digits of account number | 7049 | \$5,806.36 | | | |
| | Nonpriority Creditor's Name PO BOX 29482 | | | | | | |
| | Phoenix, AZ 85038 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only ☐ Unliquidated | | | | | | |
| | □ Debtor 1 and Debtor 2 only □ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | Is the claim subject to offset? ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | | | | |
| | _ | . , | | | | | |
| | ☐ Yes | Uther. Specify | 1.00 | | | | |
| | | | | | | | |

| Debtor | 1 TINA | TSA | YAVONG | | Case nun | mber (if known) | |
|--------------------|--------------------------|--------------------|---------------------------------|--|-----------------|---|------------------|
| 4.5 | | | | | 0015 | | ድ ስ ስለ |
| 0 | | _ | Dealer Services | Last 4 digits of account number | r 6617 | | \$0.00 |
| | Nonpriorit Attn: B | - | itor's Name | | Opene | ed 12/15 Last Active | |
| | Po Box | | | When was the debt incurred? | 10/07/ | | |
| _ | Irvine, | | | | | | |
| | | | City State Zip Code | As of the date you file, the clain | n is: Check a | all that apply | |
| | | | he debt? Check one. | | | | |
| | Debto | • | | Contingent | | | |
| | ☐ Debtor | • | | Unliquidated | | | |
| | | | Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecur | od claim: | | |
| | _ | | of the debtors and another | Student loans | eu ciaiii. | | |
| | ☐ Check | k if this | s claim is for a community | | noration agr | eement or divorce that you did not | |
| | | im sub | ect to offset? | report as priority claims | paralion agre | eement of divorce that you did not | |
| | No. | | • • | ☐ Debts to pension or profit-shar | ring plans, ar | nd other similar debts | |
| | ☐ Yes | | | Other. Specify Automobi | ile | | |
| | | | | | | | |
| | | | | ebt That You Already Listed | | | |
| is tryii have r | ng to colle more than | ect fror one ci | m vou for a dobt vou owe to s | omeone else, list the original creditor at you listed in Parts 1 or 2, list the ad | in Parts 1 o | ly listed in Parts 1 or 2. For example, if a co or 2, then list the collection agency here. Si ditors here. If you do not have additional p | imilariy, ii you |
| | nd Address | | | On which entry in Part 1 or Part 2 did yo | | | |
| _ | ım & Sc | ott , l | LLC Attorney at | | | creditors with Priority Unsecured Claims | |
| Law | OX 4506 | 76 | | | Part 2: C | Creditors with Nonpriority Unsecured Claims | |
| | ton, TX 7 | | 5 | | | | |
| | • | | | Last 4 digits of account number | 12: | 3C | |
| Name a | nd Addres | s | | On which entry in Part 1 or Part 2 did yo | ou list the ori | iginal creditor? | |
| | an Law | | | | | Creditors with Priority Unsecured Claims | |
| | Dale Roa | | • | | Part 2: C | Creditors with Nonpriority Unsecured Claims | |
| Modes | sto, CA | 9535 | ь | Last 4 digits of account number | 29 | 59 | |
| | | | | On which entry in Part 1 or Part 2 did y | ou list the ori | ininal graditor? | |
| | nd Address c Credit | | vices | | | Creditors with Priority Unsecured Claims | |
| | OX 150 | | 1000 | <u> </u> | | Creditors with Nonpriority Unsecured Claims | |
| Fairfie | eld, CA ! | 94533 | 3 | | | | |
| | | | | Last 4 digits of account number | 33 | 1/4 | <u></u> |
| Name a | nd Addres | s | | On which entry in Part 1 or Part 2 did y | | | |
| PCS | | | | Line 4.42 of (Check one): | | Creditors with Priority Unsecured Claims | |
| | OX 150 eld, CA : | 94533 | 2 | | Part 2: C | Creditors with Nonpriority Unsecured Claims | |
| rairiie | siu, CA | 34330 | , | Last 4 digits of account number | 33 | 74 | |
| | | | | And the second s | | | |
| Part 4: | | | mounts for Each Type of L | | | | |
| | the amou of unsecu | | | aims. This information is for statistica | il reporting | purposes only. 28 U.S.C. §159. Add the am | ounts for each |
| | | | | | | Total Claim | |
| | | 6a. | Domestic support obligatio | ns | 6a. | \$0.00 | |
| | Total laims | | | | | | |
| from P | | 6b. | | nts you owe the government | 6b. | \$ 0.00 | |
| | | 6c. | | al injury while you were intoxicated | 6c. | \$ 0.00 | |
| | | 6d. | Other. Add all other priority u | nsecured claims. Write that amount here | . 6d. | \$ | |
| | | _ | Total Delegate Add Burne C. U. | araugh 6d | 6e. | * 000 | |
| | | 6e. | Total Priority. Add lines 6a th | sough ou. | ue. | \$ | |

Total Claim

| Debtor 1 TIN | A T S | AYAVONG | Case nu | ımber (if known) | | |
|-----------------|-------|---|---------|------------------|-----------|--|
| | 6f. | Student loans | 6f. | \$ | 0.00 | |
| Total claims | | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 | |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 | |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 87,069.66 | |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 87,069.66 | |

| Fill in | this info | rmation to identil | fy your case: | | | | |
|------------------|--------------------------|--------------------|--|---------------------------------------|--|--|--|
| Debto | or 1 | TINA T SA | | | | | |
| Dabta | 0 | First Name | Middl | e Name | Last Name | | |
| Debto (Spous | OF∠ e if, filing) | First Name | Middl | e Name | Last Name | | |
| Unite | d States B | ankruptcy Court fo | or the: EASTER | N DISTRICT OF | CALIFORNIA | | |
| | | | | | | | |
| Case (if know | number /n) | | | | | | ☐ Check if this is an |
| | • | | | | | | amended filing |
| | | | | | | | |
| ∩ffi | cial E | orm 106G | | | | | |
| | | | | | المعينية | | 4014= |
| | | | | | d Unexpired Leas | O-THIRD SHAPE OF THE STATE OF T | 12/15 |
| Be as inform | complete pation, If n | and accurate as | possible. If two needed, copy the ad- | ıarried people a ditional paαe. fi | are filing together, both are equ Il it out, number the entries, ar | ually responsit nd attach it to t | his page. On the top of any |
| additi | onal page | s, write your nan | ne and case numb | er (if known). | | | |
| 1. D | o vou hav | ve any executory | contracts or unex | oired leases? | | | |
| _ | _ • | • | | - | other schedules. You have nothi | ng else to repor | t on this form. |
| | | | | - | leases are listed on Schedule A/ | | |
| 2. L | iet eenara | staly each nereor | or company with | whom you hav | re the contract or lease. Then s | state what each | n contract or lease is for (for |
| е | xample, re | ent, vehicle lease | e, cell phone). See | the instructions | for this form in the instruction bo | oklet for more e | examples of executory contracts |
| а | nd unexpi | red leases. | | | | | |
| | | | | | | | |
| | Person or | r company with w | vhom you have the Street, City, State and ZIP | e contract or lea | ase State what the contr | act or lease is | for the state of t |
| 2.1 | | | | | | | |
| | Name | | | | | | |
| | | | | | 1010000 | | |
| | Number | Street | | | | | |
| | City | | State | ZIP Code | | | |
| 2.2 | Name | | | | | | |
| | Name | | | | | | |
| | Number | Street | | | | | |
| | 0:1 | | Ctata | ZIP Code | | | |
| 2.3 | City | | State | ZIP Gode | | · · · · · · · · · · · · · · · · · · · | |
| | Name | | | | | | |
| | | | | | | | |
| | Number | Street | | | | | |
| | City | | State | ZIP Code | | | |
| 2.4 | | | | | | | |
| | Name | | | | | | |
| | Number | Street | | | | | |
| | Hamber | Olloot | | | | | |
| 2 = | City | | State | ZIP Code | | | |
| 2.5 | Name | | | | | | |
| | | | | | | | |
| | Number | Street | | | | | |
| | City | | State | ZIP Code | 44444444 | | |
| | City | | Giale | 2.1 OUGE | | | |

| <u>-, -, ., .</u> | | | | | |
|-----------------------------|---|--|--|--|--|
| Fill in this | s information to identify you | r case: | | | |
| Debtor 1 | TINA T SAYAVO | NG | | | |
| DODIO! ! | First Name | Middle Name | Last Name | | |
| Debtor 2 Spouse if, fili | ing) First Name | Middle Name | Last Name | | |
| | <i>5,</i> | | | | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT O | FUNCTIONNA | | |
| Case num | nber | | | | ☐ Check if this is an |
| (ii Kilowii) | | | | | amended filing |
| | | | | | • |
| | al Form 106H | | | | |
| Sched | dule H: Your Cod | debtors | | | 12/15 |
| ill it out, a our name | and number the entries in the e and case number (if knowr you have any codebtors? (li | e boxes on the left. Attach n). Answer every question | the Additional Page t | to this page. On the to | needed, copy the Additional Page, op of any Additional Pages, write |
| . . | | | | | |
| ■ No □ Ye | | | | | |
| | | | | 2 (Community manage | tu states and territories include |
| 2. Wit Arizor | thin the last 8 years, have yo na, California, Idaho, Louisiana | ou lived in a community pr a, Nevada, New Mexico, Pu | operty state or territoi erto Rico, Texas, Wash | ry? (Community proper lington, and Wisconsin. | ty states and territories include) |
| No | o. Go to line 3. | | | | |
| | es. Did your spouse, former spo | ouse, or legal equivalent live | with you at the time? | | |
| | | | | | |
| in line Form | e 2 again as a codebtor only | if that person is a quaran | tor or cosigner. Make | sure you have listed | ng with you. List the person shown the creditor on Schedule D (Officia , Schedule E/F, or Schedule G to fi |
| | Column 1: Your codebtor Name, Number, Street, City, State and | ZIP Code | | Column 2: The concept Check all schedu | reditor to whom you owe the debt les that apply: |
| | | | | | |
| 3.1 | | | | D Schedule D, li | ne |
| 3.1 | Name | | | ☐ Schedule E/F, | line |
| 3.1 | Name | | | | line |
| 3.1 | Number Street City | State | ZIP Code | ☐ Schedule E/F, | line |
| | Number Street | State | ZIP Code | ☐ Schedule E/F, | line |
| 3.1 | Number Street | State | ZIP Code | Schedule E/F, Schedule G, li Schedule D, li | ne |
| | Number Street City | State | ZIP Code | □ Schedule E/F, □ Schedule G, li □ | ne |
| | Number Street City | State | ZIP Code | Schedule E/F, Schedule G, li Schedule D, li | ne |

| Deb | n this information to | o identify your car | se: | | | | | | | |
|-----------------------|---|--------------------------------------|--|--|---------------------|--|--|--------------------------------|---------------------------|---------------|
| Deb | | | | | | | | | | |
| | tor 1 | TINA T SAYA | VONG | | | - | | | | |
| | tor 2 use, if filing) | | *************************************** | | | _ | | | | |
| Unit | ed States Bankrupt | cy Court for the: | EASTERN DISTRICT | OF CALIFORNIA | | _ | | | | |
| Cas (If kn | e number own) | | | | | | Check if this is: An amende A supplement | ent showing po | | chapter |
| \sim | ficial Form | 1061 | | | | | 13 income | as of the follov | wing date: | |
| | ficial Form | | | | | | MM / DD/ Y | YYY | | |
| | chedule I: ` | | me ble. If two married peo | | | | | | | 12/15 |
| supp spou attac | olying correct info use. If you are sep th a separate shee | rmation. If you a arated and your | ore married and not filing with the top of any addition | ng jointly, and your si th you, do not includ | oouse i e inforr | s livir natio | ng with you, incl n about your spo | ude informati ouse. If more | ion about y space is n | our eeded, |
| 1. | Fill in your emplo | oyment | | Debtor 1 | | | Debtor 2 | or non-filing | g spouse | |
| | If you have more than one job, attach a separate page with information about additional | | Fundament status | Employed | | | ☐ Emple | oyed | | |
| | | . • | Employment status | ☐ Not employed | | | ☐ Not e | mployed | | |
| | employers. | | Occupation | Med-Biling | | | | | ···· | |
| | Include part-time, self-employed wor | rk. | Employer's name | A Division of Rol International | oert Ha | alf | | | | |
| | Occupation may it or homemaker, if i | | Employer's address | 2884 Sand Hill Ro Menlo Park, CA S | | | | | | |
| | | | How long employed th | nere? ONE MO | NTH | | | | | |
| Par | t 2: Give Det | ails About Mont | hly Income | | | | | | | |
| spou If you | ise unless you are s | separated. spouse have mo | te you file this form. If y re than one employer, co his form. | | | | | | | |
| | opass, anam a se | | | | | 46 10 10 10 10 10 10 10 10 10 10 10 10 10 | For Debtor 1 | For Debto | | |
| 2. | List monthly grodeductions). If no | ss wages, salar t paid monthly, c | y, and commissions (be alculate what the monthly | efore all payroll y wage would be. | 2. | \$ _ | 1,358.50 | non-filing | N/A | |
| 3. | Estimate and list | monthly overting | ne pay. | | 3. | +\$_ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross l | Income. Add line | e 2 + line 3. | | 4. | \$_ | 1,358.50 | \$ | N/A | |

| Debto | or 1 | TINA T SAYAVONG | | Ca | ase number (if kno | wn) | | | | |
|-------|---|---|-------------------|---------------|---------------------------------|----------------------|--------------------|---------------------------------------|----------------|------------------|
| | | | | | For Debtor 1 | | no | r Debtor : n-filing s _i | oouse | |
| | Сор | y line 4 here | 4. | 97 | 1,358. | .50 | \$_ | | N/A | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | . \$ | \$ 264. | .08 | \$_ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | . \$ | | .00 | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | | .00 | \$_ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | | | .00 | \$_ | | N/A | |
| | 5e. | Insurance | 5e. | | | .00 | \$_ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | | | .00 | \$_ \$ | | N/A | |
| | 5g. | Union dues | 5g. 5h. | | | .00 | | | N/A N/A | |
| | 5h. | Other deductions. Specify: | _ ' | | | .00 | · · | | | |
| | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | | | \$_ | | N/A | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,094 | .42 | \$_ | | N/A | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | |
| | | monthly net income. | 8a. | . ; | \$ 0 | .00 | \$_ | | N/A | _ |
| | 8b. | Interest and dividends | 8b. | . : | \$ 0 | .00 | \$_ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | 8c. | , | \$ 0 | .00 | \$ | | N/A | |
| | U 1 | settlement, and property settlement. | 8d. | | | .00 | \$ - | | N/A | - |
| | 8d. 8e. | Unemployment compensation Social Security | 8e. | | | .00 | \$ | | N/A | - |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$ 0 | .00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g | | \$ 0 | .00 | \$_ | | N/A | |
| | 8h. | Other monthly income. Specify: | 8h | .+ | \$ 0 | .00 | . + \$_ | | N/A | _ |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0 | .00 | \$ | | N/A | <u>A</u> |
| 10. | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | 1,094.42 | + \$ | | N/A | = \$ _ | 1,094.42 |
| 11. | State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | | |
| 12. | Wri | d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certaillies | sult is in Lia | the biliti | combined mor ies and Related | nthly d <i>Da</i> | incom ta, if it | ne. 12. | \$ | 1,094.42 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ı? | | | | | | Combi month | ned ly income |
| | | No. | | | | | | | | |
| | | Yes. Explain: Decrease: This is only a temp job that ends on or about Jui | ne 20 | 019 |). | | | | | |

| | n this information to identify your case: | | | | | |
|---|---|---|--|--|----------------------------------|--|
| Deb | tor 1 TINA T SAYAVONG | | | Check if thi | s is: | |
| | | | | ☐ An am | ended filing | |
| Debi | tor 2 | | | | | ng postpetition chapter e following date: |
| Unite | ed States Bankruptcy Court for the: EASTER | N DISTRICT OF CALIFO | RNIA | MM / [| DD / YYYY | |
| Case | e number | | | | | |
| | nown) | | | | | |
| Of | ficial Form 106J | | | | | |
| Sc | hedule J: Your Expens | ses | | | | 12/15 |
| Be a | as complete and accurate as possible. I rmation. If more space is needed, attacl nber (if known). Answer every question. | f two married people ar h another sheet to this t | e filing together, both are form. On the top of any ac | equally red dditional pa | sponsible for ages, write yo | supplying correct ur name and case |
| Part | 1: Describe Your Household Is this a joint case? | | | | | |
| 1. | · | | | | | |
| | No. Go to line 2. Yes. Does Debtor 2 live in a separat | a housahold? | | | | |
| | □ No | e nousenoia: | | | | |
| | ☐ Yes. Debtor 2 must file Official | Form 106J-2, Expenses | for Separate Household of | Debtor 2. | | |
| 2. | Do you have dependents? ☐ No | | | | | |
| | | Fill out this information for each dependent | Dependent's relationship Debtor 1 or Debtor 2 | to De | pendent's | Does dependent live with you? |
| | | | | | | □ No |
| | Do not state the | | | | | — |
| | Do not state the dependents names. | | Daughter | 16 | i | Yes |
| | | | Daughter | | | ■ Yes |
| | | | Daughter | 16 | | ■ Yes □ No □ Yes |
| | | | Daughter | | | Yes No No No |
| | | | Daughter | | | Yes No Yes No Yes |
| | | | Daughter | | | Yes No Yes No Yes No Yes No |
| 3. | | · · | Daughter | | | Yes No Yes No Yes |
| | Do your expenses include expenses of people other than yourself and your dependents? | 'es | Daughter | 16 | | Yes No Yes No Yes No Yes No |
| Part Esti | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankrup | es Expenses otcy filing date unless y | ou are using this form as | a supplem | ent in a Chap | Yes No Yes No Yes No Yes Yes No Yes |
| Part Esti exp | Do your expenses include expenses of people other than yourself and your dependents? | es Expenses otcy filing date unless y | ou are using this form as | a supplem | ent in a Chap | Yes No Yes No Yes No Yes Yes No Yes |
| Part Esti exp app | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankruptenses as of a date after the bankruptcy licable date. ude expenses paid for with non-cash go | Yes Expenses otcy filing date unless ye is filed. If this is a supp | ou are using this form as lemental <i>Schedule J</i> , che | a supplem | ent in a Chap | Yes No Yes No Yes No Yes Yes No Yes |
| Part Esti exp app Incl | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankruptenses as of a date after the bankruptcy licable date. | Yes Expenses otcy filing date unless ye is filed. If this is a supp | ou are using this form as lemental <i>Schedule J</i> , che | a supplem | ent in a Chap | Yes No Yes No Yes No Yes No Yes Ter 13 case to report the form and fill in the |
| Part Esti exp app Incl | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankruptenses as of a date after the bankruptcy licable date. ude expenses paid for with non-cash govalue of such assistance and have incluicial Form 106i.) | Yes Expenses Otcy filing date unless your is filed. If this is a suppoper overnment assistance if uded it on Schedule I: Y | ou are using this form as lemental <i>Schedule J</i> , che you know our Income | a supplem | ent in a Chap at the top of t | Yes No Yes No Yes No Yes No Yes Ter 13 case to report the form and fill in the |
| Part Esti exp app Incl | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankruptenses as of a date after the bankruptcy licable date. ude expenses paid for with non-cash govalue of such assistance and have included. | Yes Expenses Dicty filing date unless your is filed. If this is a supprovernment assistance if uded it on Schedule I: Yes for your residence. In | ou are using this form as lemental <i>Schedule J</i> , cher you know our Income | a supplem | ent in a Chap at the top of t | Yes No Yes No Yes No Yes No Yes Ter 13 case to report the form and fill in the |
| Part Esti exp app Incl the (Off | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankruptenses as of a date after the bankruptcy licable date. ude expenses paid for with non-cash govalue of such assistance and have incluicial Form 1061.) | Yes Expenses Dicty filing date unless your is filed. If this is a supprovernment assistance if uded it on Schedule I: Yes for your residence. In | ou are using this form as lemental <i>Schedule J</i> , cher you know our Income | a supplem | ent in a Chap at the top of t | Yes No Yes No Yes No Yes No Yes Area No Her 13 case to report the form and fill in the |
| Part Esti exp app Incl the (Off | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankruptenses as of a date after the bankruptcy licable date. ude expenses paid for with non-cash govalue of such assistance and have incluical Form 106i.) The rental or home ownership expense payments and any rent for the ground or lice. | Yes Expenses Dicty filing date unless your is filed. If this is a supprovernment assistance if uded it on Schedule I: Yes for your residence. In | ou are using this form as lemental <i>Schedule J</i> , che you know our Income | a supplem | ent in a Chap at the top of t | Yes No Yes No Yes No Yes No Yes Area No Her 13 case to report the form and fill in the |
| Part Esti exp app Incl the (Off | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankrupters as of a date after the bankruptcy licable date. ude expenses paid for with non-cash govalue of such assistance and have included in Form 1061.) The rental or home ownership expense payments and any rent for the ground or lift not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's | Yes Expenses Dicty filing date unless years is filed. If this is a supprovernment assistance if uded it on Schedule I: Yes for your residence. In lot. | ou are using this form as lemental <i>Schedule J</i> , cher you know our Income aclude first mortgage | a supplem ck the box | ent in a Chap at the top of t | Yes No Yes No Yes No Yes No Yes No Yes 100 Yes |
| Part Esti exp app Incl the (Off | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankruptenses as of a date after the bankruptcy licable date. ude expenses paid for with non-cash govalue of such assistance and have incluical Form 106l.) The rental or home ownership expense payments and any rent for the ground or lift not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's 4c. Home maintenance, repair, and up | Expenses btcy filing date unless years is filed. If this is a supprovernment assistance if uded it on Schedule I: Years for your residence. In lot. | ou are using this form as lemental <i>Schedule J</i> , chec you know our <i>Income</i> aclude first mortgage | a supplem ck the box 4. \$ a. \$ b. \$ c. \$ | ent in a Chap at the top of t | Yes No Yes No Yes No Yes No Yes No Yes 100 Yes 11,085.00 11,085.00 11,085.00 11,085.00 |
| Part Esti exp app Incl the (Off | Do your expenses include expenses of people other than yourself and your dependents? 2: Estimate Your Ongoing Monthly mate your expenses as of your bankrupters as of a date after the bankruptcy licable date. ude expenses paid for with non-cash govalue of such assistance and have included in Form 1061.) The rental or home ownership expense payments and any rent for the ground or lift not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's | Expenses Dicty filing date unless years is filed. If this is a supprovernment assistance if uded it on Schedule I: Years for your residence. In lot. Insurance keep expenses ominium dues | ou are using this form as lemental <i>Schedule J</i> , chec you know our <i>Income</i> aclude first mortgage | a supplem ck the box 4. \$ a. \$ b. \$ | ent in a Chap at the top of t | Yes No Yes No Yes No Yes No Yes No Yes 100 Yes 11,085.00 |

| Deb | tor 1 | TINA T SAYAVONG Cas | e numl | ber (if known) | |
|-----|--------|---|--------------------|----------------------------------|--------------------------|
| 6. | Utilit | ies: | | | |
| ٠. | 6a. | Electricity, heat, natural gas | 6a. | \$ | 150.00 |
| | 6b. | Water, sewer, garbage collection | 6b. | \$ | 70.00 |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 210.00 |
| | 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| 7. | Food | l and housekeeping supplies | 7. | \$ | 400.00 |
| 8. | Child | Icare and children's education costs | 8. | \$ | 0.00 |
| 9. | Cloti | ning, laundry, and dry cleaning | 9. | \$ | 50.00 |
| 10. | | onal care products and services | 10. | \$ | 200.00 |
| | | cal and dental expenses | 11. | \$ | 0.00 |
| 12. | Tran | sportation. Include gas, maintenance, bus or train fare. | | | 200.00 |
| | | ot include car payments. | 12. | | 200.00 |
| 13. | Ente | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | | 100.00 |
| 14. | Cha | itable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | | rance. | | | |
| | | ot include insurance deducted from your pay or included in lines 4 or 20. | 15- | Ф | 0.00 |
| | | Life insurance | 15a. | | 0.00 |
| | | Health insurance | 15b. | | 0.00 |
| | | Vehicle insurance | 15c. | | 100.00 |
| | | Other insurance. Specify: | 15d. | \$ | 0.00 |
| | Spec | | 16. | \$ | 0.00 |
| 17. | | illment or lease payments: | 17a. | ¢ | 0.00 |
| | | Car payments for Vehicle 1 | 17a. 17b. | | 0.00 |
| | | Car payments for Vehicle 2 | | | |
| | | Other. Specify: | 17c. | | 0.00 |
| | | Other. Specify: | 17d. | a | 0.00 |
| 18. | You | payments of alimony, maintenance, and support that you did not report as ucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | 0.00 |
| 10 | aeai | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| 13. | Spec | | 19. | | |
| 20 | Othe | er real property expenses not included in lines 4 or 5 of this form or on <i>Schedul</i> | | our Income. | |
| 20. | | Mortgages on other property | 20a. | \$ | 0.00 |
| | | Real estate taxes | 20b. | \$ | 0.00 |
| | | Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| | | Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 21 | | er: Specify: Gym | 21. | +\$ | 20.00 |
| 41. | Othic | ar. opedily. | - | | |
| 22. | | ulate your monthly expenses | | | |
| | | Add lines 4 through 21. | | \$ | 2,585.00 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| | 22c. | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 2,585.00 |
| 23. | Calc | ulate your monthly net income. | | _ | |
| | | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | | 1,094.42 |
| | 23b. | Copy your monthly expenses from line 22c above. | 23b. | -\$ | 2,585.00 |
| | 23c. | Subtract your monthly expenses from your monthly income. | | | 4 400 59 |
| | | The result is your monthly net income. | 23c. | \$ | -1,490.58 |
| 24. | For e | You expect an increase or decrease in your expenses within the year after you for xample, do you expect to finish paying for your car loan within the year or do you expect your mostication to the terms of your mortgage? | ile this rtgage | s form? payment to increase o | or decrease because of a |
| | M N | 0. | | A14-11 | |
| | ПΥ | | | | |

| Fill in this inforr | mation to identify your | case: | | | |
|--------------------------------------|--|--------------------------|---|--|-------------|
| Debtor 1 | TINA T SAYAVON | G | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT (| OF CALIFORNIA | | |
| Case number (if known) | | | | ☐ Check if th amended f | |
| Official Forn Declarat | | n Individua | Debtor's Sch | edules | 12/15 |
| obtaining money years, or both. 1 | is form whenever you fil y or property by fraud ir 8 U.S.C. §§ 152, 1341, 1 n Below | connection with a ban | s or amended schedules. Ma kruptcy case can result in fi | iking a false statement, concealing pr nes up to \$250,000, or imprisonment f | or up to 20 |
| Did you pa ■ No | y or agree to pay some | one who is NOT an atto | rney to help you fill out bank | cruptcy forms? | |
| _ | Name of person | | | Attach Bankruptcy Petition Prepar Declaration, and Signature (Official | |
| that they are | alty of perjury, I declare te true and correct. | that I have read the sur | nmary and schedules filed w | ith this declaration and | |
| TINA T | r SAYAVONG are of Debtor 1 | | Signature of Del | otor 2 | |
| Date | 2.4 | 1.19 | Date | | |

| | | ation to identify you | r case: | | | |
|-----------|----------------------|--|--|--|--|---|
| De | ebtor 1 | TINA T SAYAVC | NG Middle Name | Last Name | | |
| De | ebtor 2 | | | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Ur | nited States Bar | kruptcy Court for the: | EASTERN DISTRICT OF | CALIFORNIA | | |
| | ase number (nown) | | | | С | ☐ Check if this is an amended filing |
| St | | of Financial | Affairs for Indivic | | | 4/10 |
| inf | ormation. If me | nd accurate as poss ore space is needed,). Answer every que | ible. If two married people a attach a separate sheet to stion. | re filing together, both are this form. On the top of any | equally responsible for additional pages, write | supplying correct your name and case |
| R | rt 1: Give D | etails About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | ☐ Married ■ Not marr | ried | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than t | where you live now? | | |
| | ■ No □ Yes. List | all of the places you | ived in the last 3 years. Do no | ot include where you live now | <i>ı</i> . | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. sta | Within the la | st 8 years, did you e es include Arizona, Ca | ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev | jal equivalent in a commun vada, New Mexico, Puerto Ri | ity property state or terr ico, Texas, Washington a | itory? (Community property nd Wisconsin.) |
| | | · | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Pa | ert 2 Explain | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | time activities. | calendar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until I for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$1,358.50 | ☐ Wages, commission bonuses, tips | S, |
| | | | Operating a business | | Operating a busines | s |

| De | ebtor 1 TI | NA T SAYA | VONG | | Case | number (if known) | |
|----------|--------------------------------|---------------------------------|---|---|--|--|---|
| | | | | Debtor 1 | | Debtor 2 | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | or last caler anuary 1 to | ndar year: December | 31, 2018) | Wages, commissions, bonuses, tips | \$25,847.41 | ☐ Wages, commissions bonuses, tips | , |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$25,919.00 | ☐ Wages, commissions bonuses, tips | , |
| | | | | ☐ Operating a business | | ☐ Operating a business | |
| | and other winnings. List each | public benef If you are fili | īt payments; ng a joint cas he gross inco | ner that income is taxable. Exapensions; rental income; interse and you have income that your me from each source separa Debtor 1 Sources of income | rest; dividends; money collect you received together, list it o tely. Do not include income the Gross income from | ned from lawsuits; royalties; nly once under Debtor 1. nat you listed in line 4. Debtor 2 Sources of income | ; and gambling and lottery Gross income |
| - | t | . 4 . 5 | -4 · · · · · · · · 4!! | Describe below. | each source (before deductions and exclusions) | Describe below. | (before deductions and exclusions) |
| | | y 1 of currer | nt year until ikruptcy: | Child Support | \$304.17 | | |
| | or last caler anuary 1 to | ndar year: December | 31, 2018) | Child Support | \$5,609.26 | | |
| | | dar year be December | | DISTRIBUTIONS OF 401K | \$5,296.45 | | |
| | w 2. Lio | t Cortain Ba | umanta Vau | Made Before You Filed for | Pankruptov | | |
| 6. | | r Debtor 1's Neither De | or Debtor 2 ebtor 1 nor E | 's debts primarily consume Debtor 2 has primarily consume personal, family, or househo | r debts? umer debts. Consumer debts | s are defined in 11 U.S.C. § | 3 101(8) as "incurred by an |
| | | During the | 90 days befo | ore you filed for bankruptcy, di | id you pay any creditor a total | of \$6,425* or more? | |
| | | ☐ Yes | List below of paid that cr | . each creditor to whom you pal editor. Do not include paymer payments to an attorney for t | nts for domestic support oblig | | |
| | Yes. | Debtor 1 c | or Debtor 2 c | t on 4/01/19 and every 3 year or both have primarily consu ore you filed for bankruptcy, di | umer debts. | · | nent. |
| | | ■ No. | Go to line 7 | • | | | |
| | | □ Yes | List below of include pay | each creditor to whom you pa rments for domestic support o r this bankruptcy case. | id a total of \$600 or more and bligations, such as child supp | the total amount you paid port and alimony. Also, do i | that creditor. Do not not include payments to an |
| | Creditor | 's Name and | d Address | Dates of payme | ent Total amount paid | Amount you Was the still owe | nis payment for |
| | | | | | | | |

Case number (if known)

| Deb | otor 1 TINA T SAYAVONG | | | Cas | e number (if known) | | |
|-------------|---|---|---|---|--|--|-----------------------|
| | | | | | | | |
| 7. | Within 1 year before you filed Insiders include your relatives; a of which you are an officer, dire a business you operate as a so alimony. | any general parti ctor, person in co | ners; relatives of any gene ontrol, or owner of 20% or | ral partners; partne more of their voting | erships of which yo g securities; and a | ou are a general partne ny managing agent, in | cluding one for |
| | No | | | | | | |
| | ☐ Yes. List all payments to a | n insider. | | | | | |
| | Insider's Name and Address | | Dates of payment | Total amount paid | Amount you still owe | Reason for this pa | yment |
| 8. | Within 1 year before you filed | for bankruptcy | , did you make any payn | nents or transfer a | ny property on a | ccount of a debt tha | t benefited an |
| | insider? Include payments on debts gua | | | | | | |
| | No . | | | | | | |
| | ☐ Yes. List all payments to a | n insider | | | | | |
| | Insider's Name and Address | | Dates of payment | Total amount paid | Amount you still owe | Reason for this pa Include creditor's na | |
| Par | t 4: Identify Legal Actions, | Repossessions | , and Foreclosures | | | | |
| 9. V | Within 1 year before you filed List all such matters, including p modifications, and contract disp | personal injury c | r, were you a party in any ases, small claims actions | / lawsuit, court ac , divorces, collection | tion, or administ n suits, paternity a | rative proceeding? actions, support or cus | tody |
| | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Case title Case number | | Nature of the case | Court or agency | | Status of the case | • |
| | VALLEY FIRST CREDIT U | INION | Civil | Superior Cour | | Pending | |
| | VS TINA T. SAYAVONG | | | California, Cou Stanislaus | inty Of | ☐ On appeal | |
| | CV 18002959 | | | 801 10th Stree | | ☐ Concluded | |
| | | | | Modesto, CA 9 | 5354 | | |
| | Rex Platner | | Civil | Superior Cour | | Pending | |
| | vs TINA T SAYAVONG ud 18001231 | | | California, Cou Stanislaus | inty Of | ☐ On appeal | |
| | du 10001231 | | | 801 10th Stree | | ☐ Concluded | |
| | | | | Modesto, CA 9 | 5354 | | |
| | Allstate Northbrook Inde | mnity | Civil | Superior Cour | | ☐ Pending | |
| | Company | - | | California, Cou Stanislaus | ınty Of | On appeal | |
| | vs TINA T SAYAVONG cv 18000229 | | | 801 10th Stree | t | Concluded | |
| | 5V 10000225 | | | Modesto, CA 9 | 5354 | | |
| | Ve Prum and Suong Yin | | Civil | Superior Cour | t Of | ☐ Pending | |
| | vs | | | California, Co | unty Of | ☐ On appeal | |
| | TINA T SAYAVONG 2025239 | | | Stanislaus 801 10th Stree | t | Concluded | |
| | 2023233 | | | Modesto, CA 9 | | | |
| 10. | Within 1 year before you filed Check all that apply and fill in t | | | rty repossessed, | foreclosed, garni | shed, attached, seize | ed, or levied? |
| | ☐ No. Go to line 11. | | | | | | |
| | Yes. Fill in the information | below. | | | | | |
| | Creditor Name and Address | | Describe the Property | | Date | • | Value of the property |
| 0 | sial Form 107 | Ctatam | Explain what happened | | Bankruntev | | page |

| Deb | otor 1 TINA T SAYAVONG | Case n | umber (if known) | |
|-----|---|--|--|--------------------|
| | | | | |
| | Creditor Name and Address | Describe the Property | Date | Value of the |
| | | Explain what happened | | property |
| | Travis Cu Attn: Bankruptcy Department 1 Travis Way | Automobile 2007 GMC YUKON XL 1500 | ON OR ABOUT AUG 2018 | Unknown |
| | Vacaville, CÁ 95687 | ■ Property was repossessed.□ Property was foreclosed.□ Property was garnished. | | |
| | | ☐ Property was attached, seized or levied. | | |
| | Valley First Credit Union Attn: Bankruptcy Po Box 1411 Modesto, CA 95353 | Automobile 2009 MERCEDES BENZ S-CLASS Property was repossessed. Property was foreclosed. | ON OUR ABOUT MAY OR JUNE 2018 | Unknown |
| | | ☐ Property was garnished. | | |
| | | ☐ Property was attached, seized or levied. | | |
| 40 | ■ No □ Yes. Fill in the details. Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, c | uptcy, was any of your property in the possession or another official? | of an assignee for the benefit | of creditors, a |
| | ■ No □ Yes | | | |
| Pai | t 5: List Certain Gifts and Contribution | ns | | |
| 13. | ■ No | ruptcy, did you give any gifts with a total value of | more than \$600 per person? | |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$6 per person | 00 Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | i | | |
| 14. | ■ No | ruptcy, did you give any gifts or contributions witl | h a total value of more than \$6 | 00 to any charity? |
| | Yes. Fill in the details for each gift or | | Datas | \ <i>I_=</i> 1 |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cook | · | Dates you contributed | Value |

| Deb | otor 1 TINA T SAYAVONG | Ca | se number (if known) | | | | | |
|-----|---|---|---|---------------------------|--|--|--|--|
| | | | | | | | | |
| Par | t 6: List Certain Losses | | | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | uptcy or since you filed for bankruptcy, did yo | u lose anything because of thef | t, fire, other disaster, | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the los Include the amount that insurance has paid. Lis insurance claims on line 33 of Schedule A/B: Pr | t pending loss | Value of property lost | | | | |
| Pai | t7: List Certain Payments or Transfer | rs | | | | | | |
| 16. | consulted about seeking bankruptcy or | uptcy, did you or anyone else acting on your b preparing a bankruptcy petition? preparers, or credit counseling agencies for servi | | rty to anyone you | | | | |
| | □ No | | | | | | | |
| | Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address Email or website address | Description and value of any proper transferred | rty Date payment or transfer was made | Amount of payment | | | | |
| | Person Who Made the Payment, if Not Scott Mitchell Law Incorporated 614 15th Street Modesto, CA 95354 Scottmitchelllaw.com | Attorney Fees | 08/30/2018 - 12/11/2018 | \$870.00 | | | | |
| | DEBT HELPER debtelper.com debtelper.com | BK CLASS | 12/15/2018 | \$24.00 | | | | |
| 17. | Within 1 year before you filed for bankr promised to help you deal with your cre Do not include any payment or transfer the | ruptcy, did you or anyone else acting on your be editors or to make payments to your creditors at you listed on line 16. | behalf pay or transfer any prope ? | rty to anyone who | | | | |
| | ■ No | | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and value of any prope transferred | rty Date payment or transfer was made | Amount of payment | | | | |
| 18. | transferred in the ordinary course of your linelude both outright transfers and transfer include gifts and transfers that you have a No | ers made as security (such as the granting of a se- | | | | | | |
| | Yes. Fill in the details. | Description and value of | Describe any property or | Date transfer was | | | | |
| | Person Who Received Transfer Address | Description and value of property transferred | payments received or debts paid in exchange | made | | | | |
| | Person's relationship to you | | | | | | | |
| 19. | Within 10 years before you filed for bar beneficiary? (These are often called asset No | nkruptcy, did you transfer any property to a se et-protection devices.) | elf-settled trust or similar device | of which you are a | | | | |
| | ☐ Yes. Fill in the details. | | | | | | | |
| | Name of trust | Description and value of the prope | rty transferred | Date Transfer was made | | | | |
| | | | | | | | | |

| | tt 8: List of Certain Financial Accounts, I | | | | |
|-----------|---|---|--|--|--|
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No Yes. Fill in the details. | or other financial acco | ounts; certificates of depo | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | Travis Credit Union | xxxx- | ■ Checking □ Savings □ Money Market □ Brokerage □ Other | 8/2018 CLOSED BY BANK / NO LONGER ELIGIBLE FOR CREDIT UNION SERVICES DUE TO REPO | \$0.00 |
| | VALLEY CREDIT UNION | xxxx- | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | 9/2018 CLOSED BY BANK /NO LONGER ELIGIBLE FOR CREDIT UNION SERVICES TO TO REPO | \$0.00 |
| | | | | | |
| 21. | Do you now have, or did you have within a cash, or other valuables? No | 1 year before you filed | for bankruptcy, any safe o | deposit box or other depo | sitory for securities, |
| 21. | cash, or other valuables? | l year before you filed Who else had a Address (Numbe State and ZIP Code | access to it? Descrit r, Street, City, | deposit box or other depo | sitory for securities, Do you still have it? |
| | cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit | Who else had a Address (Numbe State and ZIP Code) | access to it? Descrit r, Street, City, | pe the contents | Do you still have it? |
| | cash, or other valuables? ■ No □ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had a Address (Numbe State and ZIP Code) | access to it? Describ our, Street, City, bur home within 1 year be or had access Describ or, Street, City, | pe the contents | Do you still have it? |
| 22. | cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage uni No Yes. Fill in the details. Name of Storage Facility | Who else had a Address (Numbe State and ZIP Code) t or place other than yo Who else has o to it? Address (Numbe State and ZIP Code) | access to it? Describ our, Street, City, bur home within 1 year be or had access Describ or, Street, City, | oe the contents fore you filed for bankrup | Do you still have it? tcy? Do you still |
| 22. Pa | Cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage uni No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else had a Address (Numbe State and ZIP Code) t or place other than yo Who else has o to it? Address (Numbe State and ZIP Code) | access to it? Describ rr, Street, City, our home within 1 year be or had access Describ rr, Street, City, | ne the contents fore you filed for bankrup the the contents | Do you still have it? tcy? Do you still have it? |
| 22. | No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage uni No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) rt 9: Identify Property You Hold or Control Do you hold or control any property that s | Who else had a Address (Numbe State and ZIP Code) t or place other than yo Who else has o to it? Address (Numbe State and ZIP Code) | access to it? Describ rr, Street, City, our home within 1 year be or had access Describ rr, Street, City, | ne the contents fore you filed for bankrup the the contents | Do you still have it? tcy? Do you still have it? |

| Deb | otor 1 | TINA T SAYAVONG | | Case number (if known) | | | | |
|-----|--|--|--|--|-----------------------------------|--|--|--|
| | | | | | | | | |
| Par | t 10: | Give Details About Environmental Info | rmation | | | | | |
| For | the p | urpose of Part 10, the following definitio | ns apply: | | | | | |
| | · | • | | t the state of the | | | | |
| | toxic | ronmental law means any federal, state, s substances, wastes, or material into th lations controlling the cleanup of these | e air, land, soil, surface water, ground | ing polition, contamination, releas dwater, or other medium, including s | es or nazardous or statutes or | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | |
| Rep | ort al | I notices, releases, and proceedings tha | t you know about, regardless of wher | n they occurred. | | | | |
| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable | under or in violation of an environn | nental law? | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | ne of site tress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you d know it | Date of notice | | | |
| 25. | Have | e you notified any governmental unit of a | ny release of hazardous material? | | | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details. | | | | | | |
| | | ne of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have | e you been a party in any judicial or adm | inistrative proceeding under any envi | ironmental law? Include settlements | and orders. | | | |
| | _ | N- | | | | | | |
| | | No Yes, Fill in the details. | | | | | | |
| | | se Title | Court or agency | Nature of the case | Status of the | | | |
| | Cas | se Number | Name Address (Number, Street, City, State and ZIP Code) | | case | | | |
| Par | t 11: | Give Details About Your Business or C | Connections to Any Business | ANALYSIS STATES | | | | |
| 27. | With | nin 4 years before you filed for bankrupto | y, did you own a business or have ar | ny of the following connections to a | ny business? | | | |
| | | ☐ A sole proprietor or self-employed in | a trade, profession, or other activity, | either full-time or part-time | | | | |
| | | ☐ A member of a limited liability compa | any (LLC) or limited liability partnersh | ip (LLP) | | | | |
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing exe | cutive of a corporation | | | | | |
| | | ☐ An owner of at least 5% of the voting | or equity securities of a corporation | | | | | |
| | | No. None of the above applies. Go to P | art 12. | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | S. | | | | |
| | | siness Name | Describe the nature of the business | ne business Employer Identification number | | | | |
| | | dress nber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Securit | y number or ITIN. | | | |
| | | | | | | | | |

| Debtor 1 TINA T SAYAVONG | Case number (if known) |
|--|--|
| 28. Within 2 years before you filed for bankrupto institutions, creditors, or other parties. | y, did you give a financial statement to anyone about your business? Include all financial |
| ■ No □ Yes. Fill in the details below. | |
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
| Part 12: Sign Below | |
| are true and correct. I understand that making a f | ncial Affairs and any attachments, and I declare under penalty of perjury that the answers also statement, concealing property, or obtaining money or property by fraud in connection 250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 2 |
| Signature of Debtor 1 | Signature of Deptor 2 |
| Date February 4, 2019 | Date |
| Did you attach additional pages to <i>Your Statemer</i> ■ No □ Yes | t of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you pay or agree to pay someone who is not a ■ No | n attorney to help you fill out bankruptcy forms? |
| ☐ Yes. Name of Person . Attach the <i>Bankrup</i> | cy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Fill in this inforr | mation to identify your o | :ase: | | |
|-----------------------------------|--|----------------------|--|---|
| Debtor 1 | TINA T SAYAVON | _ | | |
| Dobtor 2 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | nkruptcy Court for the: | EASTERN DISTRI | CT OF CALIFORNIA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Official Fo | | | | |
| <u>Statemer</u> | nt of Intentio | <u>n for Indiv</u> | iduals Filing Under Chap | oter 7 12/15 |
| | ividual filing under chap | · • | out this form if: | |
| | e claims secured by you | • • • | 4 avairad | |
| You must file this | ver is earlier, unless th | ithin 30 days after | or expired. you file your bankruptcy petition or by the dat time for cause. You must also send copies t | e set for the meeting of creditors, o the creditors and lessors you list |
| | eople are filing together nd date the form. | in a joint case, bot | h are equally responsible for supplying corre | ct information. Both debtors must |
| | and accurate as possible our name and case num | | needed, attach a separate sheet to this form. | On the top of any additional pages, |
| Dord Ave. Lind V. | O dit W/b a 1 lavra | Carried Claims | | |
| | our Creditors Who Have | | | |
| 1. For any credite information be | | rt 1 of Schedule D: | Creditors Who Have Claims Secured by Prop | perty (Official Form 106D), fill in the |
| Identify the cro | editor and the property th | at is collateral | What do you intend to do with the property | |
| | | | secures a debt? | as exempt on Schedule C? |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | ☐ Retain the property and redeem it. | - |
| Description of | | | Retain the property and enter into a | ☐ Yes |
| Description of property | | | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt: | | | Tretain the property and texplains. | |
| | | | | |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | ☐ Yes |
| Description of | | | ☐ Retain the property and enter into a Reaffirmation Agreement. | Li fes |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt: | | | | |
| | | | | |
| Creditor's | | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | ☐ Yes |
| Description of | | | ☐ Retain the property and enter into a Reaffirmation Agreement. | _ ,03 |
| property | | | ☐ Retain the property and [explain]: | |
| securing debt: | | | 1 - 4 N | |
| | | | | |

Official Form 108

Creditor's

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

page 1

□ No

| Debtor 1 TINA T SAYA | VONG | Case number (if known) | |
|--|------------------------------------|---|-----------------------------------|
| name: Description of property securing debt: | | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | □ Yes |
| For any unexpired persona in the information below. I | o not list real estate leases. Une | n Schedule G: Executory Contracts and Unexpire expired leases are leases that are still in effect; the ne trustee does not assume it. 11 U.S.C. § 365(p)(| e lease period has not yet ended. |
| Describe your unexpired | personal property leases | | Will the lease be assumed? |
| Lessor's name: Description of leased Property: | | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | | □ No □ Yes |
| Lessor's name: Description of leased Property: | | | □ No □ Yes |
| Under penalty of perjury, I property that is subject to X /s/ TINA T SAYAVO TINA T SAYAVONO Signature of Debtor 1 | an unexpired lease. | intention about any property of my estate that se X Signature of Debtor 2 | |
| Date | 2.4.19 | Date | |

| Fill is | this information to identify your case: | | | ۵ | hock ope | hov only as di | rected in this form and in For | ·m |
|--|---|--------------------|-------------------------------|------------------------------------|------------------------|---------------------------------------|--|--------------------|
| | | | | | neck one 22A-1Su | | rected in this form and in For | 111 |
| Debt | or 1 TINA T SAYAVONG | | | | | | | |
| Debt | or 2 .e. if filing) | | | | 📕 1. Th | ere is no presu | imption of abuse | |
| | d States Bankruptcy Court for the: Eastern District of C | alifor | nia | | ☐ 2. Th | e calculation to | determine if a presumption | of abuse |
| Office | d States Bankruptcy Count for the. | unoi | ma | | | | ade under <i>Chapter 7 Means</i> cial Form 122A-2). | Test |
| Case (if know | number | | | | | , | does not apply now because | of |
| (II KIIO | ••• | | | | | | service but it could apply lat | |
| | | | | | ☐ Che | ck if this is ar | n amended filing | |
| Off | icial Form 122A - 1 | | | | | | | |
| | apter 7 Statement of Your Curi | en | t Mon | thly Inc | come |) | | 12/15 |
| attach | complete and accurate as possible. If two married people ar a separate sheet to this form. Include the line number to wh number (if known). If you believe that you are exempted from ying military service, complete and file Statement of Exempted. Calculate Your Current Monthly Income | ich th a pre | e additions | al information of abuse beca | applies. use vou (| On the top of an do not have prim | ly additional pages, write your narily consumer debts or beca | name and use of |
| 1. | What is your marital and filing status? Check one onl | ∮ . | | | | | | |
| | Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | $\hfill\square$ Married and your spouse is filing with you. Fill out | both | Columns | A and B, line | s 2-11. | | | |
| | \square Married and your spouse is NOT filing with you. Y | | | | | | | |
| | \square Living in the same household and are not legal | | | | | | | |
| Transition of the second of th | ☐ Living separately or are legally separated. Fill o penalty of perjury that you and your spouse are le living apart for reasons that do not include evading | gally s g the l | separated Means Tes | under nonba st requiremer | inkruptcy its. 11 U | law that applie S.C § 707(b)(7 | es or that you and your spous)(B). | se are |
| 10 | I in the average monthly income that you received from all s 1(10A). For example, if you are filing on September 15, the 6-mo e 6 months, add the income for all 6 months and divide the total to ouses own the same rental property, put the income from that pr | nth pe | eriod would ill in the res | be March 1 thr ult. Do not incl | ough Aug ude anv ir | ust 31. If the amo acome amount me | unt of your monthly income vane ore than once. For example, if bo | ea auring |
| | | | | | Colum Debto | | Column B Debtor 2 or non-filing spouse | |
| | Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | | | | \$ | 1,326.94 | \$ | |
| | Alimony and maintenance payments. Do not include a Column B is filled in. | | | | \$ | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a spe filled in. Do not include payments you listed on line 3. | Includ your | de regular depender | contributions its, parents, | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, o | r farı | | | | | | |
| | | • | Deb | tor 1 | | | | |
| | Gross receipts (before all deductions) | \$ -\$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | | | Copy here - | .> ¢ | 0.00 | \$ | |
| | Net monthly income from a business, profession, or farm | 15 _ | U.UU | Coby liere . | - Ψ | 0.00 | T | |
| 6. | Net income from rental and other real property | | Deb | tor 1 | | | | |
| | Crean receipts (hoters all deductions) | \$ | 0.00 | • • | | | | |
| | Gross receipts (before all deductions) Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | | | | | | | |

0.00 Copy here -> \$

0.00

0.00

\$

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

Debtor 1 TINA T SAYAVONG

Case number (if known)

| | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing sp | 201100 | |
|------|---|---|----------|----------------------|-------------|------------------------------------|-----------|--------------|
| o | Unampleyment companyation | | | \$ | 0.00 | \$ | Jouse | |
| Ο. | Unemployment compensation Do not enter the amount if you contend that the amount | t received was a benefi | t under | Ψ | 0.00 | Ψ | | |
| | the Social Security Act. Instead, list it here: | 0.0 | 10 | | | | | |
| | For you\$ For your spouse\$ | 0.0 | 00 | | | | | |
| 9 | Pension or retirement income. Do not include any an | nount received that was | s a | | | | | |
| ٥. | benefit under the Social Security Act. | nount roodwaa mat mat | , | \$ | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below. | Security Act or payment manity, or international | ts or | | | | | |
| | C/SUPORT | | | \$ | 34.85 | \$ | | |
| | | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | |
| 11. | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the to | | \$ | 2,261.79 | + s | | | 2,261.79 |
| | | | | | | | income | rent monthly |
| Part | 2: Determine Whether the Means Test Applies t | to You | | | | | | |
| 12 | Calculate your current monthly income for the year | Eallow those stone: | | | | | | |
| 12. | | | | 0 | . !! 44 !- | | . | 004.70 |
| | 12a. Copy your total current monthly income from line | 11 | | Сору | ine 11 r | iere=> | \$2 | 2,261.79 |
| | Multiply by 12 (the number of months in a year) | | | | | | x 12 | |
| | 12b. The result is your annual income for this part of th | e form | | | | 12b. | \$27 | ,141.48 |
| 13. | Calculate the median family income that applies to | you. Follow these step | s: | | | | | |
| | Fill in the state in which you live. | CA | | | | | | |
| | • | | | | | | | |
| | Fill in the number of people in your household. | 2 | | | | | | |
| | Fill in the median family income for your state and size | | | | | 13. | \$75 | 5,327.00 |
| | To find a list of applicable median income amounts, go for this form. This list may also be available at the bank | online using the link sporting the link sport of the contract | ecified | in the separa | ite instruc | tions | L | |
| 14. | How do the lines compare? | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. C Go to Part 3. | on the top of page 1, ch | eck box | 1, There is r | no presum | ption of abuse | | |
| | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2, | The pre | esumption of | abuse is | determined by | Form 122. | A-2. |
| Pari | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | that the information or | this sta | atement and | in any atta | achments is tru | e and cor | rect. |
| | x | | | | | | | |
| | TINA T SAYAVONG Signature of Debtor 1 | | | | | | | |
| | Date February 4, 2019 MM / DD / YYYY | | | | | | | |
| | If you checked line 14a, do NOT fill out or file For | m 122A-2. | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and | file it with this form. | | | | | | |
| | man director, processor and control of the control | | | | | | | |

Debtor 1 TINA T SAYAVONG

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2018 to 01/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Former Empolyment

Income by Month:

| 6 Months Ago: | 08/2018 | \$3,434.14 |
|---------------|--------------------|------------|
| 5 Months Ago: | 09/2018 | \$2,111.14 |
| 4 Months Ago: | 10/2018 | \$338.63 |
| 3 Months Ago: | 11/2018 | \$719.23 |
| 2 Months Ago: | 12/2018 | \$0.00 |
| Last Month: | 01/2019 | \$0.00 |
| | Average per month: | \$1,100.52 |

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **NEW TEMP JOB**

Income by Month:

| 6 Months Ago: | 08/2018 | \$0.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 09/2018 | \$0.00 |
| 4 Months Ago: | 10/2018 | \$0.00 |
| 3 Months Ago: | 11/2018 | \$0.00 |
| 2 Months Ago: | 12/2018 | \$0.00 |
| Last Month: | 01/2019 | \$1,358.50 |
| | Average per month: | \$226.42 |

Line 10 - Income from all other sources

Source of Income: C/SUPORT

Income by Month:

| 6 Months Ago: | 08/2018 | \$1,217.32 |
|---------------|--------------------|------------|
| 5 Months Ago: | 09/2018 | \$912.99 |
| 4 Months Ago: | 10/2018 | \$1,217.32 |
| 3 Months Ago: | 11/2018 | \$1,092.97 |
| 2 Months Ago: | 12/2018 | \$864.33 |
| Last Month: | 01/2019 | \$304.17 |
| Duot Montin | Average per month: | \$934.85 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapt | er 7: | Liquidation | |
|-------|-------|--------------------|--|
| | \$245 | filing fee | |
| | \$75 | administrative fee | |
| + | \$15 | trustee surcharge | |
| | \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee\$75 administrative fee\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee + \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of California

| In re | TINA T SAYAVONG | | Case No |). | |
|---------|--|--|--|---|-----------------|
| 11110 | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENS | SATION OF ATTO | RNEY FOR I | DEBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | |
| | For legal services, I have agreed to accept | | \$ | 870.00 | |
| | Prior to the filing of this statement I have received | | \$ | 870.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. ′ | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. 7 | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of | | | | |
| | Negotiations with secured creditors to rec reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on hous | s as needed; preparatio | xemption plannir on and filing of m | ng; preparation ar otions pursuant t | o 11 USC |
| 6. | By agreement with the debtor(s), the above-disclosed fee dependence on the debtors in any disclosed any other adversary proceeding. | loes not include the followi hargeability actions, ju | ng service: dicial lien avoida | nces, relief from s | stay actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of any a bankruptcy proceeding. | agreement or arrangement f | 711/1/ | or representation of t | he debtor(s) in |
| _ | February 4, 2019 Date | Scott Mitchell 2 | | | |
| | Duie | Signature of Attor | ney | | |
| | | Scott Mitchell L 614 15th Stree | .aw Incorporated | | |
| | | Modesto, CA 9 | 5354 | | |
| | | | Fax: 209-338-081 | 3 | |
| | | Scottmitchellla Name of law firm | | | |
| <u></u> | | | | A | |